

THE MEDICAL BULLETIN:

A MONTHLY JOURNAL OF
MEDICINE AND SURGERY.

VOL. IX.

PHILADELPHIA, NOVEMBER, 1887.

No. II.

ORIGINAL COMMUNICATIONS.

DIAGNOSIS.

BY J. E. HOFFMAN, M.D.,
POUGHKEEPSIE, N. Y.

PROFESSOR DA COSTA says, "Diagnosis is partly a science and partly an art; a science, because it comprehensively takes account of general facts; an art, because it demands a cognizance of the means and their application to arrive at the desired result."

"To consider, then, further," says this able writer, "medical diagnosis in all its bearings, it will be necessary not only to hold up to view the morbid states met with in the examination of the sick, but also to inquire in what manner they may be most readily recognized and explored, and how their differences may be made available in the discrimination of one ailment from another. In a study of this kind, an investigation of symptoms plays unavoidably a prominent part. In truth, the detection of disease is the product of close observation of symptoms, and of correct deduction from those symptoms."

"Diagnosis!" What a wonderful word it is, in fact it may justly be considered the keystone of medical science and art. Without the power to fulfill the requisites of this remarkable word, no physician, no matter how thoroughly educated he may be (from a theoretical standpoint) can expect a more than partial success in the treatment of disease. Certainly, he may be able to cure a diseased condition of the body by chance, especially if he is cautious in administering medicine, for then nature will help itself, but this is not a "scientific art"

that only a true diagnostician can practice. Many old women can practice medicine to a certain degree, and with excellent result, but never in a scientific manner. A very successful practitioner once said to me, "Give me anatomy, physiology, chemistry, and about ninety well-selected medicines, and I will practice medicine in any corner of the globe." Was he right? How can you discriminate between a diseased condition of the body unless you are thoroughly posted on the anatomy and physiology of the human organism? How can you prove an abnormal condition in the secretions of urine, etc., judge their contents, etc., unless thoroughly acquainted with their normal constituents, and at least a fair knowledge of chemistry. Give any man of fair intelligence a "correct diagnosis" of a certain disease, and, with the aid of a good text-book on theory and practice, he will be able to treat the case as efficient as most physicians. How very many of our practitioners even to-day do this kind of work, relying entirely upon text-books and the skill of others, never trying even to think and reason for themselves. How many prescribe a full dose of medicine (regardless of results) because the materia medica says so, or some author on practice has given the same. Such men, and I am sorry to say there are many in the profession, act in this manner, never take the trouble to study the constitution of a patient, never look for any idiosyncrasy, and yet how surprisingly frequent it is that we meet with just such cases, in which a universal treatment acts with contrary effect. All this, to my mind, belongs to a complete "diagnosis," for not only is it necessary to have a thorough knowledge of the case in hand, but also of the

peculiarities, hereditary tendencies, etc., of each individual patient; and a careful diagnostician will never begin a regular course of treatment in any case, no matter how simple it may appear, unless he has a complete knowledge of both patient and disease. Just as a mechanic, before attempting to construct a piece of intricate mechanism, is at first obliged to make the most careful and minute mathematical calculations before beginning work proper, that he may feel positive of his ultimate result. So is it in medicine, understand every detail of your case, and you will know before hand what your prospects are for an ultimate success. My method of making examinations (I speak chiefly of chronic cases) is as follows:—

I ask my patient to give me a full and detailed account of his difficulty, and, if necessary, ask an occasional question to confine the patient right to the subject. I then inquire into the habits, past and present of the patient, his past condition, as well as the condition of his family as far back as the third generation (which I think is far enough). I now, after completing my examination, direct the patient to bring or send me a sample of urine (this I make a point), whether it seems necessary or not, as I consider no examination complete unless I have done so. Unless after the first examination a case is perfectly clear to my mind, I refuse in the most positive manner to prescribe, and herein lies a point of great importance. Patients have repeatedly informed me of physicians who asked but very little concerning a case, being very superficial in their examination, and prescribing at random, so to say, for fear they might lose the case. Many very able men have been sadly left on this account. For instance, I was called to a patient suffering from calculi (?); I resorted to the usual methods of treatment, and after the attack had passed, I made an examination of the urine, in which I found a large quantity of cystine. After a careful examination of the patient, I concluded the difficulty was due to a disturbance in the functions of the liver. I ordered Friedrichshall Bitter Water, and the patient has never had a return since. This is three years ago, and the former physician, an old and able man, had proposed an operation as the only possible chance of success. This physician had failed to make a thorough examination of the case, pronouncing it stone, and relying on the symptoms entirely.

CASE II.—Miss C— gave her physician the following history: Chills creeping up the back, numbness of the fingers, general weakness. The doctor instantly pronounced the case malaria, and prescribed accordingly. No success. Physician number two was consulted, and told the same. He laughed at number one, and pronounced it a torpid liver, put patient under treatment; success same as number one. The patient now came to me. I inquired into the family history, and learned that the mother was suffering with rheumatism. I then inquired into the condition of the kidneys, and was told there was a marked fluctuation in the quantity of the urine, as well as in the color and consistency. I made a microscopic examination, and found a large number of casts, large and small. The patient is now under treatment, and is doing as well as can be expected under the circumstances.

I might mention more cases of a similar character, but let this suffice; and let every physician remember what Professor Da Costa says, and never rely on any one, but satisfy yourself. Fear not that you will lose a patient if you do not prescribe immediately, or that it will be considered a mark of ignorance. You will find that it will assist in winning the confidence of your patient, especially, if like myself, you are still a young man. Rather lose a dozen cases than treat one in the dark, and in the end be branded a fraud and know-nothing.

LEUCORRHOEA.

BY C. W. HEFFNER, M.D.,
BELLEFONTAINE, OHIO.

WHILE leucorrhœa is but a symptom of very many causes, it is of such common occurrence among all classes of women, that in my mind it merits particular attention, therefore I place it at the head of my paper, and shall in my best way proceed to give it the consideration that its prominence demands.

Leucorrhœa is an excessive, non-sanguineous, either acute or chronic discharge from the female genital organs.

In and about the female generative organs there are glands, membranes, and organs, which may become disorganized in various ways. The labia majora, lined by mucous membrane, with attending vessels, nerves and glands; the nymphæ are folds of mucous membrane, which have in their interior a plexus of vessels,

and are further provided with large mucous crypts, which secrete an abundance of sebaceous matter. The glands of Bartholine, these, with their coverings and the parts intermedia and venous plexus, are all of importance in our study. The vagina is lined in its entirety by a mucous membrane, covered with conical and filiform papillæ, and full of mucous glands and follicles. In the cervix we have the ovula of Naboth, as well as other glands that I cannot now notice. All of these have a secretory function to perform; so it would seem that, in consideration of their physiological function, all secretions from them can not mean leucorrhœa. In health there is a secretion from the mucous membrane of the vagina, from the muciparous glands or follicles, from the vulvo-vaginal glands, and from all the glands, follicles, and mucous membranes from the entrance to the vagina to the extreme limits of the fallopian tubes, and, uninfluenced by abnormal causes, in every respect physiological—healthy.

There is a certain amount of increase in the quantity of these secretions, within the bounds of health—a physiological increase—as occurs upon “sexual congress,” or from lascivious thoughts. These latter, if indulged in too constantly, give rise to a most distressing discharge, and condition of affairs. There may be a physiological increase of the secretion from pleasurable, either mental or physical excitement. These, too, may be so protracted, that the pleasurable may become the most distressing affair. Some of these organs secrete acid, some alkali secretions; this is worthy of thought in the successful treatment, but I will not stay to further speak of it.

These secretions may be profuse for a short time, and yet physiological.

True leucorrhœal discharges are more or less constant, more opaque, and more varied in color, now the characteristic egg-white, now yellow, now green, etc.; often, however, a mixture from the several glands affected, but in all cases there is some one set more affected than the rest, from which the secretion preponderates, therefore we have vaginal leucorrhœa and uterine leucorrhœa.

This is usually present where there is a high grade of inflammatory action, with an impediment to the free escape of the fluid, thus adding “fuel to the already fire,” causing a higher grade of congestion, etc., until decomposition presents itself. This discharge is sometimes

continuous, sometimes intermittent, having several causes which it will be well to note.

Where there is a continuous, purulent discharge, it is possible there may be a cancerous, or ulcerated condition of the mucous membrane of the vagina, or of the cervix. We should also think of the possibility of a suppurated, retained membrane, as after an abortion (without history, as sometimes occurs) or a condition of the parts as most frequently occurs from gonorrhœa, chronic clap, and, by the way, cases of this kind are not of unfrequent occurrence.

When the discharge is intermittent in its occurrence, there is usually more or less inflammation of the mucous membrane lining the body of the uterus. Often it is an abscess in some of the adjacent parts, with an outlet through the vagina. It may be there is a flexion, a bending of the body of the uterus upon its neck, acting as cause. The discharge in these conditions usually comes from the body of the uterus, and is intermittent in character.

Flexions I regard as the cause “paramount,” and, not seldom forgotten, as possible. This condition of affairs narrows the channel through which the menstrua must pass, hindering its escape, and aiding the retention of an organized fluid, which soon undergoes a decomposition, and a purulent, intermittent discharge results. Pelvic abscess is often overlooked and treated badly because we do not remember its possibility in the early stages of a “purulent leucorrhœa.”

Sanguineous discharges contain broken-down elements of the blood, and have several causes, a few of which I shall name. In profuse menstruation, because of the lack of free escape of the fluid, and a decomposition of the same, we at some period have a mixed discharge—a sanguineous discharge—also in hypertrophy of the villi lining the cervix. Growths in, or organic or systemic disease of the uterus, are often attended with sanguineous discharges. Fungoid growths of the mucous membrane lining the uterus—either simple or malignant ulceration of the cervix, polypoid growth, etc., are also excitants to discharges of this sort.

Offensiveness.—Any or all of these discharges may, and often do become very offensive. Offensiveness may be caused by want of cleanliness, or inability of the uterus to rid itself of its contents until putrefaction presents itself. The nature and cause of the leucorrhœa

may produce it, as in carcinoma, sarcoma, etc.; retention of a dead foetus, retained placenta, etc. All these may produce a most offensive discharge.

Causes of Leucorrhœa.—These are numerous and varied, and, as success in treatment depends upon a clear understanding of the various causes, I ask leniency in criticism while I briefly notice them.

There are general and local causes, physical or general. Climate is given as a cause, and I would think, from my limited observation, that it is more common in hot than cold climates. I am sure I have more cases of it in summer than in winter. Plethora, with indolence, are causes which do give rise to unhealthy discharges.

Anæmia is a cause, indirect cause, meriting much attention. Anæmia is not always a first cause, but is almost always a close attendant upon the disease. In pregnancy the red blood corpuscles often become so reduced in proportion that the nutrient qualities are gone, the woman loses, for want of nourishment, her vigor, becomes poor and weak—anæmic. And then we find—from either the pregnancy, the anæmia, or both—a leucorrhœa developing, which often proves most annoying. Sometimes, in the last half of pregnancy, there is a sort of granular development in the vagina, which often causes a most profuse leucorrhœa, and when this is, as it very often is, connected with vaginitis, it is certainly one of the most distressing of all forms of leucorrhœa; usually, however, it disappears soon after confinement. Sometimes there is an ulcerated condition of the cervix, setting up a discharge which may cause a high grade of inflammation of the external genitals, making it nearly, if not quite, the equal with the other in distress, and relief in both is often tardy in appearance.

In the pregnancy of consumptives, there are, many times, from the anæmic condition, more or less discharge. In nursing women, who are much reduced in flesh, often the same state of affairs is present. A bad "getting up" after confinement, furnishes soil for fruitful leucorrhœa, and these often take much time, care, and patience to control or cure. Suppression of the menses, dysmenorrhœa, menorrhagia, metrorrhagia, and all causes producing one, either, or all, are potent with cause of our subject. We are taught by some authors that leucorrhœa, present in the "absence of the period" is

"vicarious," but I prefer to believe that the absence of menstruation and the presence of leucorrhœa, are both due to some derangement of the system or systems governing the physiological phenomena of menstruation,—both indicative of coming disease or disease present.

Some writers give emphysema of the lungs, and valvular diseases of the heart, etc., as causes of this trouble, but it seems to me that only as they affect the nutrition of the body, can they be at all considered. It would seem to me that where they exist they are more accidental than cause and effect.

Leucorrhœa, from general causes, unless attended by some pathological condition of the generative organs, is not usually attended with the pain and distress that sometimes present themselves during such sickness; usually the amount of the discharge is less, not so offensive, and does not cause excoriations of the external genitaliæ.

Local Causes.—I think, of local causes, displacement is among the most common, and of the displacements no doubt flexions are first in importance as causes. As stated previously, the uterus, by bending upon itself, obstructs the natural outlet for the secretions, so producing engorgement, and, if not relieved, inflammation of the mucous membrane and glands lining, and in and about the body of the uterus. Closing the channel for escape, we have retained menstrual fluid, and other products of the organ, which in turn give rise to irritation, resulting in an inflammation, a decomposition, a formation of pus, a leucorrhœal discharge, attended with uneasiness, bearing-down pain, irritability of the bladder, and pain in back of the most distressing character.

Discharges from flexions are frequently intermittent, and, unless wary, we often forget the cause, mistake in treatment, fail to relieve, lose our patron, and, if she does not pass into the hands of some one who thinks, there is an absorption of the broken-down material, and irreparable injury to the system.

If the flexion, or other displacement, is not so abrupt as to close the channel, so as to completely interfere with the escape of fluids, but allows continual escape, we then, very often, find a dilatation of the external os, everted edges of the "lips," which, because of friction against the walls of the vagina and pelvis,—as caused from walking, car- or buggy-riding,

and other exercise,—may become ulcerated, granular “degenerated,” etc., followed by all its train of distressing and debilitating sequelæ.

Inflammation of the body of the uterus, fungus growths, and hypertrophied condition of the mucous membrane and glands of the uterus, are trying causes of leucorrhœa. Laceration of the cervix, hypertrophy of the cervix, granular degeneration, enlargement of the body of the uterus, inversion of the uterus, cancer of the uterus in its varied and modified forms, growths in the vagina or uterus, are all local causes that, to a great extent, come within our powers of knowing if we investigate properly.

I will now look over a few local causes that, unless our patient chooses to tell us, we can do but little more than surmise,—guess. Among these are excessive sexual congress; another, the very hardest of all to gain a correct state of, is masturbation. This is, in my opinion, much more common as a cause of leucorrhœa in the young, unmarried women, than writers seem to think. *Ascarides* in rectum is said to be a cause, but I believe I have never known a case where such was the cause, and I seriously doubt it; it may be present, but not likely a cause.

Syphilis is a very potent cause. This, as a cause, does not receive the notice that it demands, for the reason that to so consider it would prove to the disadvantage of the family and physician. Many writers and teachers now declare that it is as curable as any disease, and that after three years treatment, or cure, it is not transmissible. I am not yet inclined to this belief, for I find that wives and daughters of men who have had secondary and tertiary syphilis, are more prone to leucorrhœa than those whose husband and father has never been so affected. Besides, I find that constitutional treatment are powerful agents for cure.

One other overlooked cause, and I am done. Gonorrhœa, either acute or chronic, is a much more common cause than I find authors inclined to admit. I regard it is one of the greatest of all causes, outside of displacement, we have to contend with. A very large per cent. of our young men become diseased before they marry. A large per cent. of those diseased are treated by quacks, and a good cure is not the result, and I have found, with scarcely an exception, where such young man marries a before-healthy girl, that in a short time she “has the whites so bad she does not know what to do.” And, I further find, that to so direct the treat-

ment as to cover such cause, that the improvement is much more rapid than where it is treated as a simple leucorrhœa as might result from cold.

Treatment.—Before taking up treatment, I might have considered how to distinguish one form of leucorrhœa from another; but, as we can much better (and not easily) do this at the bedside, I pass it by in order to lessen the length of my paper.

When hot weather is the disturbing element, the most successful treatment would be to change climate. If this cannot be done, then bathing and cool mucilaginous irrigation of the parts.

In anæmia, the proper thing to do is to improve the condition of the nutrient fluid by good diet and moderate exercise in the pure atmosphere, with tonics containing strychnine, iron, and quinine. The latter I have found a most powerful agent in the modification of the majority of leucorrhœa. In nursing women, where we cannot otherwise support the mother, we must wean the child, and proceed as in other cases of anæmia.

In cases in the last half of pregnancy you will find the parts cedematous, and relief is best given by frequent bathing and separation of the lips, by placing an oiled cloth between them, and rest as much as possible. Sometimes, where the cervix becomes ulcerated and granulated, then you will treat it as in cases of the same kind when pregnancy is absent, but with much more care.

In suppression, etc., of menses, the thing to do is to establish the period normally, if you can, and, if not, use such local constitutional treatment as best suits the condition and peculiarities of the patient.

In flexions, the thing to do is to relieve the displacements; this I have been best enabled to do by the use of a belt and suspensory supporter, as manufactured by Lutz & Co., of Indianapolis, Ind.

Leucorrhœas from inflammations of the body of the uterus have been for me very hard to do anything with. A general practitioner cannot treat these cases as they do at hospitals, where every appliance that they need, is to be had; but by patience and the use of iodine, iodoform, nitrate of silver, and various other remedies, in turn, applied carefully, after dilating the os, we, in a long time in many cases, may come off victors.

Laceration, of course, is stitched according

to the direction given by authors; granular degeneration is treated with applications of silver nitrate, etc., and pledgets of cotton saturated with glycerine and tannin; cancer, and allied diseases, we know are not curable, and therefore can only be treated for relief.

Excessive sexual intercourse, masturbation, and such causes are easily relieved, provided we can get the cause absolute and remove it. Syphilis must be treated as if it were the disease, and not the cause of our subject, and our success is magic almost.

Gonorrhœa, as a cause, is one of much importance, and, if we do not know by former treatment of either lady or husband, it is one of the hardest to get at, but where we are sure, we can by the prohibition of intercourse of all kinds, astringents, disinfectants, washes, and constitutional treatment, remove the trouble.

My treatment, as a rule is, if I can, remove the exciting cause of whatever kind. Prohibition, as nearly as I can, of marital or sexual relations; tonics, and local washes,—mucilaginous, disinfectant, and astringent in character, and used frequently and freely. This not all, but enough of treatment for this time.

*COLLINSONIA CANADENSIS.**

BY JOHN V. SHOEMAKER, A.M., M.D.,

Professor of Dermatology in the Medico-Chirurgical College of Philadelphia.

COLLINSONIA CANADENSIS, commonly known as stone root or knob root, is one of the most valuable of indigenous American medicinal plants. It is widely distributed, being found in richly-wooded soils from April to October, in all sections of the United States.

It possesses a rank, aromatic odor, and is hot and somewhat pungent to the taste. Its principal medicinal constituent appears to be a volatile oil, which is driven off by boiling or drying.

All parts of the plant may be used in medicine, but the root is the most powerful, and the portion usually employed. As it yields its virtues to water and alcohol, it may be administered in the form of a powder, or as the tincture, the fluid extract, or the infusion. The dose of the powdered root varies from ten to sixty grains, that of the tincture from twenty

drops to two drachms, the fluid extract from fifteen minims to a drachm, the infusion from one to four ounces.

The physiological action of collinsonia has not been accurately studied. Small doses do not appear to produce any effect upon healthy persons, except a sensation of warmth in the stomach and bowels; large doses produce diaphoresis and nausea, followed, in some cases, by repeated but painless vomiting.

Collinsonia is highly esteemed in many sections of the country as a domestic remedy for gravel and other urinary affections. Clinical observation indicates that its power is not limited by any means to this class of disorders. It appears to be especially valuable as a sedative and anti-spasmodic. It is also possessed of considerable astringent and tonic properties. The popular belief in its efficacy in promoting the expulsion of urinary calculi is well-founded. It relaxes the spasm of the ureters, or of the urethra, and of the kidneys, and by increasing the flow of urine and lessening the sensitiveness of the genito-urinary mucous membrane, facilitates the extrusion of small concretions. When they are of large size collinsonia is powerless to either dissolve or expel them, but it will palliate the sufferings of the patient by diminishing the irritability of the bladder and urinary canal until complete relief is afforded by surgical methods.

Acute cystitis can be more quickly relieved by collinsonia, combined with aconite and morphia, than by the administration of any other remedial agents. In two cases of this painful affection, treated by me during the last four months in this manner, the patients were free from pain and fever on the fourth day, and discharged cured, one on the eighth and the other on the eleventh day. Cases previously treated without collinsonia invariably lingered from two to three weeks, and suffered for six or eight days from pain and vesical tenesmus.

I have not had an opportunity to try this remedy in chronic cystitis, but, reasoning from analogy, it should be similarly efficacious in that tedious and troublesome affection. Incontinence of urine in children, due to spasmodic contraction of the bladder, can be permanently relieved by the administration of one drachm of the tincture of collinsonia after supper, and at bedtime, for several nights in succession.

Nervous individuals, who may or may not have suffered from gonorrhœa, not infrequently

* Read before the Section of Therapeutics of the Ninth International Medical Congress at Washington.

complain that, one or two minutes after having urinated and readjusted their clothing, several drops of urine will involuntarily ooze out, staining their underclothing and producing an unpleasant odor, which they imagine every one around them can perceive. This trivial but annoying affection is due to hyperæsthesia of the prostatic urethra, or of the neck of the bladder, and can be effectively removed by the persistent use of the fluid extract of collinsonia, in twenty-drop doses, four times a day.

In chronic gonorrhœa, when copaiba, cubebæ, and oil of sandalwood have failed to arrest the discharge, or have been rejected by the patient's stomach, drachm doses of the fluid extract of collinsonia, given every four hours, will not unfrequently effect a cure. Leucorrhœa and prostatorrhœa may be relieved or cured in the same manner.

Constipation, hemorrhoids, rectal neuralgia, and many vague pelvic or abdominal symptoms, are due more frequently than is generally supposed to spasm of the sphincter ani. Dr. J. M. Matthews, of Louisville, Ky., has shown that prompt relief can be obtained in such cases from division or forcible dilatation of the refractory muscle. My experience, though limited to three cases, leads me to believe that the persevering employment every night of suppositories containing from forty to ninety grains of powdered collinsonia root, will, in many cases, render any operative procedure unnecessary. The first patient was a woman forty-five years old, who suffered for years from darting pains in the rectum, especially severe just before defecation. She had visited numerous celebrated springs, and consulted several regular and irregular physicians without obtaining any marked relief. When she placed herself under my care, I instituted a general tonic, anti-neuralgic treatment, combined with suitable laxatives. Her general health improved almost immediately, but the local disorder remained stubborn. Finally, suspecting the existence of a fissure or an ulcer, I made an examination of the rectum, but discovered nothing abnormal except the vice-like grasp in which the finger or the speculum was held by the sphincter muscle. Suppositories composed of opium, opium and belladonna, and opium and quinine, were then ordered in succession, and successively failed to more than temporarily relieve. I then decided to either divide or incise the sphincter, but being de-

sirous of ascertaining the relative merits of the two operations, I ordered her, as a placebo, four suppositories, each containing thirty grains of powdered collinsonia, with instructions to use one every night as usual. To my surprise and gratification the patient appeared at my office two days afterwards and informed me that "the last cartridges" which I had ordered for her had given her so much ease that she used two a day, instead of one, and wanted more of the same kind, as she was convinced that I had found "the right cure at last." I questioned her closely and found that her relief was genuine and not assumed, and that it began within an hour after using the first suppository. I then ordered eight more, containing forty grains each instead of thirty, and directed her to use one night and morning. She returned on the sixth day, and told me that after having used five she felt so well that she did not think it necessary to finish the rest. The improvement was complete and permanent. During the year and a half that has elapsed since then she has consulted me twice for other troubles, but the rectal pain has never reappeared.

The second case was a woman thirty-two years old, and was similar to the preceding one, and was cured in a week by collinsonia suppositories.

The third case was that of a young man nineteen years old, who suffered from violent headache every second day. Inquiry revealed the fact that the headache was almost invariably accompanied by a feeling of weight in the abdomen and a desire to defecate, which could only be accomplished by much straining and repeated efforts, extending sometimes over a period of from twenty to forty minutes. At the expiration of that time a large evacuation of the bowels usually occurred, followed by the immediate disappearance of the sense of weight in the abdomen, and the gradual cessation of the headache. The patient had taken all the varieties of pills in the market without any appreciable benefit, except when they kept his stools thin and watery.

As defecation was not preceded or accompanied by pain, and invariably relieved the other symptoms, I concluded that there was no ulceration or fissure present, and that the trouble was due solely to spasmodic stricture of the sphincter ani. I ordered him four suppositories, containing one drachm each of powdered collinsonia, one to be used each night at

bedtime. He returned in four days as bad as ever, and inclined to doubt the value of "those things." I encouraged him to try again, and ordered six more, each containing seventy-five grains. I did not see him again for two weeks, when he came back and stated that when he had used four he felt so good that he threw the other two away, but that the trouble had returned, and was now worse than ever. I then ordered eight suppositories, with ninety grains of collinsonia in each, and directed him to use one every second night, regardless of how well he might be. He obeyed these instructions faithfully, and during the five months which have since passed by he has not had any symptom of his former troubles.

It is more than probable that vaginismus, or spasm of the sphincter vagina, can be readily and safely relieved without resorting to the ludicrous or painful methods narrated in the text-books, by the continued employment of vaginal suppositories of collinsonia. Opium, belladonna, chloral, conium, hyoscyamus, or stramonium may be added if advisable.

The anti-spasmodic properties of collinsonia render it of value in flatulent colic, infantile colic, and biliary colic. It is especially serviceable in the latter affection, if given in the form of large, warm infusions, so as to thoroughly relax the biliary passages and facilitate the onward movement of the irritative calculi.

The most available preparation in colic is the tincture, the dose of which ranges from ten drops to half a drachm for children, and from one to two drachms, frequently repeated, for adults.

Collinsonia alone will be found quickly curative in many cases of colic when unaccompanied by rise of temperature. It will not relieve lead colic, or the pain of peritonitis, or entero-colitis.

Collinsonia has proved curative in my hands in two cases of gastralgia, in which morphia, cannabis indica, belladonna, and various other remedies only gave temporary relief. I also obtained markedly beneficial results from its use in five cases of dysmenorrhœa. Each patient was directed to take half a drachm of the fluid extract three times a day for a week before the appearance of the menses, and two drachms of the tincture every four hours during their continuance. In the first and fifth cases the pain, though previously severe, was not noticeable; in the remaining cases it was so much lessened that the patients pursued their daily

avocation as usual—one as a seamstress, one as a saleswoman, and the other as a telegraph operator—instead of being compelled to stay in bed for two or more days.

Ordinary colds and mild attacks of lumbago can be quickly broken up by taking a cupful of a hot infusion of collinsonia at bedtime. Spasmodic croup can be immediately relieved by the same means.

Collinsonia is an effective remedy in relaxation of the uvula, chronic pharyngitis, and hoarseness, dependent upon a lack of tonic of the vocal cords. The fluid extract may be given in these affections in half-drachm doses four times daily, and employed also as a gargle when diluted with four times its volume of water. It is also of value in gastro-intestinal catarrh, and the catarrhal gastritis of beer and alcohol drinkers. It lessens the desire for liquor, restrains the secretion of mucus, restores the normal tone of the alimentary canal, and reinvigorates the depressed nervous system.

Collinsonia is equal, if not superior to cimicifuga, in the treatment of chorea, and may be substituted for arsenic with advantage in many cases of that disease occurring in infancy and early childhood. In three cases recently treated with collinsonia, all traces of the disease disappeared in from two to four weeks. It is but fair to state that the same remedy failed to make any impression upon two previous cases.

Collinsonia will be found palliative, if not curative in whooping-cough, and may be safely given in that affection without the dread of disordering the stomach, or producing any other unpleasant symptoms. It may also be given with confidence in nervous cough and the irritative cough of pharyngeal catarrh.

Collinsonia is also of value, in moderate doses, as a mild but certain general tonic, increasing the appetite, promoting digestion, and gently stimulating all the organs of excretion. It may be given with decided benefit in anæmia, chlorosis, incipient phthisis, and convalescence from the various eruptive fevers.

Externally, it constitutes an excellent application to contused and incised wounds. Indolent ulcers may be stimulated to healthy action by an ointment consisting of one drachm of powdered collinsonia and one ounce of fresh lard.

Ascarides may be effectually destroyed by a rectal injection composed of the fluid extract diluted with four parts of water.

THOUGHTS ON INSANITY.

BY FRANK W. VANCE, M.D.,
MEMPHIS, TENN.

THE elements of continuance and decay are identical. The same molecules that hold the crystal in its typical form are elements to work its destruction. Conditions determine evolution or dissolution, integration or disintegration, development or degeneration. The essence of vital existence is function; function continues the existence of that of which it is the product; but function works destruction of its organic basis, even as it works its evolution. Structure originates function, but reaction of function develops or destroys structure. Insanity, as function, determines its own evolution and evolution of its structural basis; but the very forces of insane function can be turned to work dissolution and destruction of insane function and organic substrate. Here lies the therapeutic power of metaphysical diversion. Vital existence contains in itself the elements of its continuance. Morbid ideas contain in themselves potencies to continue their nutrition. Excitation and flushing of cerebral processes with blood supplies the physical nutrition; introspection and external metaphysical agencies supplies the spiritual pabulum. Religious melancholiacs will read their Bibles; hypochondriacs will study the gospels of disease. The former, after close investigation of the text and exaggerated attention to their subjective spiritual feelings, become convinced of their soul's destruction; the latter, of their bodies. Conviction of having committed the unpardonable sin is the culmination of the evolution of religious monomania—an evolution, beginning with a vague religious unrest, that speedily integrates into a typical morbid idea. Other forms of melancholia and hypochondria take an analogous course with the religious type, culminating in a fixed idea.

Whether there is a special set of idio-volitional nerves, originating in the brain, and distributed to the periphery of sense, or whether perceptual or hallucinational insanities have a central origin and reference to spacial distance; or whether it is through local vaso-motor peripheral excitation, we can hardly determine. Several cases that have come to my attention would lead me to believe that the fault was peripheral. An excited imagination, di-

rected to the morbid sense, is the cause of the evolution of hallucinational insanities, for this state of things continues nutrition of the perceptual illusion. Imagination unlocks the channels of vaso-motor activity, and flushes the structural basis with blood; but the metaphysical function, that is, the illusion, shapes the substrate to functionate the illusion.

I had occasion to watch the development of a perceptual insanity, in the case of an old negro woman who took an idea that she had been tricked. Her imagination wrought into existence perversions of sensation, and she has been continually plucking out imaginary hairs and pieces of wire from her skin. This morbid idea contained in itself the elements to further its continued existence, for constant peripheral irritation by pinching, etc., has insured nutrition of the illusion. Her skin now looks like that of a picked goose.

Another case was that of an intelligent gentleman of about sixty years of age. He had gone over to spiritualism, and got that doctrine mixed up with a hypochondriacal perceptual insanity. He carried a wooden wedge around with him which he took to bed, allowing it to press into his bowels, and beat upon the same like a tom-tom all night. I slept with this gentleman, and entered into conversation as to his proceedings. He said he was afflicted by spirits; that the doctors were d—fools, didn't know everything, and could not understand his disease. I tried to convince him of the physiology of his perverted sensations, but it was of no use. People, even the most sane, are guided by sensation. There are few who are guided by psychology, either in sense or reason.

RHINOLOGY.

BY J. E. SHADLE, M.D.,
SHENANDOAH, PA.

IN this age of medical progress and specialism, when every live physician is constantly on the alert to discover something new, it is well not to be unmindful of the fact that diseases of the nose receive little or no attention from the general practitioner.

It is doubtful whether there is a subject belonging to the whole range of medicine so much neglected and so imperfectly understood by physicians, in general, as that relating to nasal affections. Neither is there a malady

more generally dreaded, nor more freely discussed by the laity than what is commonly called "nasal catarrh."

The term "*catarrh*," when used in connection with a disease of the nose, strikes me as being inapplicable. It conveys no definite expression of the disease, and its use should become obsolete.

According to its derivation, "*catarrh*" denotes a symptom only—an excessive flow or discharge, a condition not unfrequently absent in some forms of rhinitis. Why not use instead the term rhinitis, which is appropriate and expressive? By confining ourselves to this term, the nomenclature of nasal diseases at once becomes uniform and scientific.

During the past ten or fifteen years, the study of rhinology has advanced considerably. Its progress has been so great and satisfactory that it is now recognized as a special branch of medicine. But the question now arises, should it be exclusively confined to the domain of the specialist? I think not. After a close investigation of the subject, I have arrived at the conclusion, that there is no organ of the human economy more generally afflicted than the nose. Then, too, nothing renders a person more uncomfortable than a nasal difficulty. Furthermore, is it not reasonable to suppose that a free nasal respiration is much more conducive to good health than a respiration partially or entirely carried on through the mouth, as the result of some nasal obstruction?

By perfected methods of examination, the various pathological conditions found in the different chambers of the nose and in the post-nasal space, have been fixed upon a scientific and reliable basis. There is no doubt about this assertion, for the reason that the results of treatment are both flattering and permanent.

In cities, as well as in country districts, it is often a matter of surprise to see how much ignorance prevails among physicians in reference to these diseases. It is mortifying, I might say, to know how widely such ignorance and stupidity extend. To become familiar with this truth, it is only necessary to converse with them on the subject of nasal ailments. It is a frequent occurrence for a patient suffering from a disease of the nose to leave his regular physician in disgust, and seek a cure at the hands of a specialist, simply because the family physician has said you have "nasal catarrh, and there is no cure for it." Much has been added

to the specialist's reputation and purse by these condemned (!) patients who sought and found relief at his hands.

Not only the disease, but also the anatomy of the nose, is so grossly and unpardonably misunderstood by general practitioners that not infrequently it is very amusing to hear their anatomical description of the interior of the nose. A case in point is that of a medical gentleman, who fancies, I dare say, that his knowledge of medicine is equal to that of a Sir William Jenner. The gentleman in question has been heard to make the statement that the turbinated bodies have their origin from the sides of the septum, and that they are cribriform, or, to use his own language, "infinitely full of small holes." Such ignorance is not excusable in this enlightened age of medicine and anatomical knowledge.

Much can be learned about concomitant affections by a careful study of the morbid anatomy of the upper air-chambers. Disturbances of the head, eyes, ears, larynx and chest are intimately related, either reflexly or directly, to some diseased condition of the nose or post-nasal space. From a somewhat extended experience, I am prepared to agree with Dr. Bosworth of New York, that many times an unyielding *chronic laryngitis* is produced and kept in action by a disease existing in the nose or naso-pharynx. The result of treatment proves the correctness of this theory. Dr. Harrison Allen has very aptly observed that an intractable headache is sometimes due to a rhinitis, of some form or other, and will subside as soon as the nasal trouble is removed. To prove these statements I will recite a case whose history covers many points made by the authorities above quoted.

Annie H., twenty-five years of age, a teacher of instrumental music, consulted me during November last, relative to different troubles from which she had been suffering for more than two years. Her family history, as far as could be ascertained, was good. But by close application in the performance of her duties as a teacher, in traveling from one pupil to another, she was frequently exposed to the inclemencies of the seasons. Briefly stated, her symptoms were these: A severe frontal headache, weak eyes, with injected conjunctivae, nerve prostration, sore throat, a short, hacking cough, occasional attacks of hoarseness, loss of appetite, constipation, emaciation, etc. With

such an unlimited train of symptoms, this case certainly merited close inspection. She had been under the care of other physicians prior to her consulting me, but derived no benefit from their treatment, and she was completely discouraged. A careful rhinoscopic and laryngoscopic examination revealed the source of her trouble, which was an aggravated form of chronic rhinitis, bordering upon what is usually called "atrophic catarrh." There was present an offensive odor arising from the nose—a muco-purulent discharge, visibly streaming along the vault and posterior wall of the pharynx into the larynx and stomach, and an inflamed appearance of the larynx and vocal bands. The mucous membrane lining the nasal chambers was glazed and angry-looking in appearance, and pretty far advanced in a state of atrophy.

It was not necessary to call into requisition the skill of a specialist to teach one that the presence of such a state of affairs was not promotive of good health. Appropriate local treatment was directed towards the alleviation of diseased processes, as they were found in the nose and throat. The patient, in three months, made a good recovery from all her ailments.

What is to be learned from this very interesting case? Does it not teach that physicians very often are too careless and indifferent with regard to details in their examinations of patients? And, not only this, but do they not often lack a knowledge of the proper methods of examination? By "jumping at a conclusion" this case, doubtless, would have been set down by many as one of dyspepsia; yet, all the bitter tonics and different pepsines on the market would never have restored her to perfect health. Other cases coming under the same category might be cited in illustration of other facts so meagrely delineated.

Is there no way by which this lack of knowledge existing among physicians on the subject under consideration can be overcome?

In order to place this branch of the medical sciences on a more elevated plane, the starting point should be in our medical institutions, and the student of medicine should leave his alma mater fully prepared and qualified to recognize, classify, and treat a disease of the nose. When this is the case, he will enter upon the duties of his profession with full confidence in himself, and will not be compelled

to confess his ignorance, and be subjected to just criticism from his patrons. With due acknowledgment of the rapid strides our medical colleges are making towards a higher medical education, it must be admitted that ample instruction is not yet furnished in this department of medicine. Only by connecting themselves with a private class do a small number of students receive such instruction. Too much stress cannot be laid upon this defect. A specialist cannot be made of every graduate of medicine; but such didactic and clinical advantages might be, and should be offered as would fit the young graduate to advise with intelligence those patients who may consult him in reference to a disease of the nose.

Ophthalmology, otology, gynæcology, and kindred special branches, receive all desirable attention, why should not rhinology?

A NEW WINE IN THERAPEUTICS.

BY WILLIAM R. D. BLACKWOOD, M.D.

FROM the days of Noah, when for a time water was too plentiful, wine has held its place as a beverage and a medicine. In variety of kinds, no other fluid taken by man can compare with wine in number, and few rival it in delicacy of flavor. It is probably because of this latter peculiarity that the juice of the grape has held its place as a beverage, and its wide difference in boquet and tonic properties has rendered wine a good agent, in the hands of judicious physicians, as a restorative of unquestioned value. Competition in trade has led to the production of many inferior grades, and cupidity in dealers has developed an amount of adulteration incredible to those who do not understand the matter. It is an unfortunate, but nevertheless true fact, that most of the imported wine consumed in America is "fortified" in Europe to such an extent that it would not be drunk by the people who make it, although they are consumers to a very considerable amount. The French, who partake freely of "vin ordinaire," find it both palatable and refreshing; but the same wine is never found with us; exporters claiming that the quality would not be maintained in our climate, unless it was specially prepared for export, and it is just because of this that such wine is really unfit for regular table use—it is too strong and heady.

One great defect in wine is a too high preponderance of alcohol. The alcohol makes the wine keep well, and it adds, of course, to its effect as a mere stimulant, but it retards digestion in any case, and lamentably so in the very instances where otherwise it would be serviceable as a tonic and roborant. This being so, for many years past physicians have been compelled to limit their selection to usually two varieties—Champagne or Burgundy. Either of these are hard to get in a really pure state, the demand prompting fictitious manufacture of foreign sorts, and the domestic products being too thin, and liable to acetous fermentation after opening the bottle. About one-half of the American grades are liable to this objection always, and the balance varies in character from year to year, so much as to render it practically worthless as a standard article. In casting about for a pure wine, one which would be stable in character, good in quality, rich in nourishing capability, pleasant in bouquet, and holding a low percentage of alcohol, I found, a couple of years ago, a new article, and one which promised well, if only it would mature properly, and then hold its properties unimpaired by age. This was the orange wine made by the Florida Wine Company. I must own that, at first, it did not strike me as being likely that from the fruit a real wine could be developed, and I thought that most probably the base was a sherry, flavored with the essential oil of orange. My first experience with the production, however, developed the fact that, whatever its real nature, it "filled the bill" (to use a somewhat slang phrase), and I used it exclusively for some time, in a number of patients, presenting varied phases of illness, but all of whom required the help of a restorative such as good wine ought to supply. They did well under it, and a subsequent return to the ordinary wines proved, to my satisfaction, that the orange was indisputably the best.

Amongst the diseases in which this wine has been serviceable is *neuralgia*. A prominent medical writer once said that neuralgia was a cry from the nerves of the sufferer for more blood and more food. I don't believe this, for many of my worst cases occur in those who live well, and who can't eat more than they do. The hoggish plan of stuffing imitation invalids who have nothing better to do than trifle their time away with doctors who debase their profession

by pandering to the whims of those who had better be made to work, may be a money-making operation, but it is wrong, and much of the neuralgia in such people is the result of gourmandizing. Still, there are cases of people who, though they eat apparently well, do not transform into energy the food consumed, and here the orange wine fits nicely. It will often take the place of pepsins and pancreatin, for it is in these cases a want of free circulation and absorption in the intestinal capillaries that is to blame. A mild stimulant is necessary, and this wine is exactly fitted for the task. A moderate glass at the two fullest meals will often work wonders in neuralgia. Try it.

In many *dyspepsias* this wine is useful. That a rich percentage of alcohol will retard digestion is well known to the profession; hence, although at first a modicum of whiskey and bitters or a brandy cocktail may stimulate the appetite, yet before long the gastric juice is impaired and digestion suffers. All the appetizing effect of a strong liquor, without its drawback, can be found in the orange wine, and we do not get the constipating effect which sometimes follows the use of heavy clarets or port—a great advantage.

In *typhoid fever*, a stimulant which will at the same time be nourishing but mild is desired, and the wine acts nicely in those cases where the temperature does not go so high as to demand the antipyretic effect of alcohol. Its fruity flavor gives it prominence as a grateful drink, and such patients have told me that a great discomfort to them had been the uniform tastelessness of different foods, owing to the blunting of the gustatory nerves and the coating of sordes on the teeth. Orange wine either arouses the nerve or annuls the sordes, for it is certainly relished by all my cases of typhoid.

Diphtheria is the bane of medical practice when it gets into a family. The best care often fails to avert its spread, and a virulent type is decimating in its tendency amongst the children. As not only a tonic but as a prophylactic I value this wine. I recommend it as a gargle for both those sick and well, with the difference only that, after the first mouthful (the patient spitting it out), he may swallow the rest; but those not ill reject all, simply getting the local effect. The wine seems antagonistic to the germ of diphtheritis, for it does well with me all the time, and I suggest its use to others.

It certainly is pleasanter than the ferric applications, aside from its tonic properties.

In *phthisis pulmonalis* a gentle stimulant is always grateful. The extreme care needed to save the stomach prevents many from employing stronger wines; but I have yet to see the case where orange wine did not agree. In cases where excessive night-sweats occur a small glassful at bedtime, although it at first warms the patient, will generally add to the comfort till toward morning. A dose along with a little belladonna is a good way to use it. As a gentle tonic the wine is good, and in suspicious coughs in those hereditarily predisposed nothing better is indicated as a prophylactic.

In *pneumonia*, tending toward a typhoid type, this wine is useful. A generous use of it cuts the expectoration short by improving the blood and reducing the breaking down tendency in the lung tissue.

Many obstinate *dermic* disorders require something more than local applications with arsenic internally. I frequently add to oleum morrhua an ounce or two of the wine, an hour after meals, with good effect. One or two cases which resisted good feeding improved at once under the wine. These were bad instances of psoriasis. Chronic eczema will be notably benefited by a tonic course of this wine, and quite a bad case got better under it, after stopping all other medication.

Dysmenorrhœa and *amenorrhœa* are often helped by bracing the patient, particularly if the difficulties are synchronous with the establishment of menstruation. I like the combined use of tr. ferri iodid. and the wine, in ether disorder, and the patient can take the drops longer without gastric discomfort when thus guarded.

Probably because germs are at the bottom of *post-nasal catarrh*, as they are supposed to be in diphtheria, and because this wine is antagonistic to them, I find it a good agent in spraying the naso-pharynx in this disease. I use it thus, after applying Dobell's solution (which leaves a nasty taste), and the effect is good. The spray might be intrusted to the patient, as it cannot do any harm, unless he takes it more as a beverage than a medicine.

Other diseases can be named in which orange wine is valuable, if space permitted, but trial will soon show what its virtues are. Special stress is laid on its value in *convalescence* from fevers and debilitating maladies,

and particularly so in the cases of women and children. Its smoothness and freedom from heating properties, its splendid keeping character, which allows it to evaporate without souring, and its low per cent. of alcohol, makes it the best substitute for the long line of sherries, ports, clarets and other brands, most of which are unreliable and impure. As with every good thing, imitations are already produced; but there is no difficulty in obtaining the genuine article anywhere, and it only needs to be tried to be appreciated.

246 NORTH TWENTIETH STREET, PHILA.

ON THE USE OF PILOCARPIN MURIATIC IN YELLOW FEVER.

BY ERNEST HEBERSMITH, M.D.,
Sanitary Inspector, U. S. M. H. S.

SOME years ago, the writer had an experience with pilocarpine in beri-beri, at the San Francisco Marine Hospital, that caused him to resolve that if ever he came in contact with yellow fever again, he would give the drug a fair trial in that disease. The opportunity presented itself in the establishment of the quarantine station at Egmont Key, Florida, for the reception of unacclimated refugees from Key West.

The first refugees arrived July 11th, bringing the fever with them. There was a death with black vomit on the 15th, and another from relapse on the 20th; neither case affording opportunity for fair trial, as the first was anomalous, and past the first stage; and the second a relapse, in the person of a Chinaman, whose countrymen took him in the bushes and concealed his condition until too late for any treatment to avail.

On the 16th of July, a man named Wood, sixty-four years old, was found wandering about the camp semi-delirious; temperature 104.3°, pulse 100, eyes suffused, lids cedematous, one eye closed, skin dry and hot; said he had no pain. He was put to bed in hospital, between blankets, and had one-fourth of a grain of pilocarpine administered hypodermically. In a very few minutes he was sweating profusely. In the course of an hour he had three copious evacuations from the bowels. At evening, his delirium was all gone; the swelling about his eyes was rapidly disappearing, his blankets were saturated, still sweating profusely, temperature 101°, pulse 92. In answer

to question, said he never felt better. The following morning, after a quiet night, his temperature was 99.4° , pulse 80. In the evening (17th), his temperature was 96.1° , pulse 72—a fall in temperature of eight and a-half degrees in thirty-six hours. On the following morning his pulse and temperature were normal, and so remained. He sat up and ate, and would have left the hospital had he been allowed to do so. He had no medicine besides the one pilocarpine injection. He was allowed to drink water or lemonade, whichever he preferred, moderately cold, in small quantity at a time, whenever he asked for it. The diagnosis of this case, at the time, was malarial paroxysm; as it was contrary to all previous experience to consider any sickness yellow fever in which convalescence was established in thirty-six to forty-eight hours.

The next case occurred on the 1st of August. William Frazer, twenty-seven years old, arrived from Key West, on the 15th of July, in company with the Chinaman who died on the 20th. Frazer reported himself sick in the afternoon of the first, saying he had had a headache all day, which was getting worse. His temperature was 102° , pulse 120. The conjunctivæ were injected, and would be called "yellow fever eyes." His tongue was white, and bore impress of teeth, though his gums were not spongy, nor was his urine albuminous. He was treated the same as Wood. The pilocarpine caused free vomiting of undigested food and bile. The flow of perspiration was immense. In the evening, his bowels not having moved in two days, gave two compound cathartic pills. At 9 P.M., August 1st, temperature 100.2° , pulse 100. August 2d, A.M., temperature 101° , pulse 100. Bowels moved twice during the night, feels well, still sweating. Evening, August 2d, temperature 101.2° , pulse 100. Has not ceased perspiring, clothing soaked. Morning, August 3d, temperature 98.2° , pulse 88; given dry clothing, condition splendid; asking for nourishment. No further fever. This case was very perplexing. It commenced, as the writer has seen many cases of yellow fever commence, without noticeable chill, and was considered surely yellow fever, for the first thirty-six hours, when the cessation of fever and complete convalescence caused him to consider it also as malarial or ephemeral.

The next case occurred on the 4th of August.

Lucius Starke, colored, cook for the camp (hospital attendant), having slept the previous night on the wharf, as he had been in the habit of doing, was caught in a rain squall and wet. The next morning he had violent headache, delirium, and fever. The medical officer in charge was temporarily absent. The patient was placed in hospital and given the usual calomel and castor oil, and hot foot bath, and hot drink treatment. On the return of the writer, at 10 A.M., of the same day, the condition of the patient was as follows: Restless, semi-delirious, complaining of severe headache, eyes congested, gums spongy (easily bleeding); tongue white, furred, deeply indented with prints of teeth all around; temperature 102.2° , pulse 132. The doses of calomel and castor oil administered were large, and it was thought best not to interfere with any other line of treatment, but watch results. During the night he was freely purged. On the morning of the 5th his temperature was 101° , pulse 100. P.M., temperature 102° , pulse 100; medicine ceased acting. Head symptoms relieved, though not entirely gone. At night, cautiously administered a small dose of pilocarpine with a view of promoting diaphoresis. August 6th, A.M., temperature 99.2° , pulse 88; but by evening, his temperature was 102.2° , pulse 100 again; repeated small dose of pilocarpine, keeping him sweating. August 7th, A.M., temperature 102° , pulse 98. P.M., temperature 100° , pulse 80. August 8th, A.M., temperature 101° , pulse 80. P.M., temperature 99.2° , pulse 80. August 9th, A.M., free from fever for the first time since the morning of the 4th, urine albuminous, but fair quantity; convalescent, but very weak; taking nourishment and stimulus in spoonful doses. At one time, during convalescence, his pulse beat was found as low as 54. He took brandy from the fourth to the eighth day. Made a good recovery; left hospital on the 14th. This was a typical case of yellow fever, under orthodox treatment, and was reported as such. What would have been the result had Starke received, at the beginning, the same treatment given Wood and Frazer? This question was becoming to the writer one of almost painful interest; but he had not long to wait for light upon it; for before the discharge of the last patient from hospital, or on the 12th of August, there arrived the Holcombe family, colored, consisting of father, mother, and six children, one at the breast. The family left

Key West two days before, and had been freely exposed to the fever prevailing there. The father and mother were both taken sick the morning of arrival, before leaving the vessel. The mother was chilly in the early morning, her menses ceased, and she had fever when she landed. The father had severe headache when he landed, and fever developing later in the day. The conjunctivæ of both patients eyes were very dirty looking is an expression that best describes their appearance. Mr. Holcomb's temperature was 104° , pulse 108, and he complained of both headache and backache. Mrs. Holcomb's temperature was 103° , pulse 108. She said she had no pain. They were put in hospital and given the pilocarpine injection, one-fourth grain each. It purged the man and vomited the woman, and caused both to perspire freely. Next morning, 13th, Mr. Holcomb's temperature was 101.2° , pulse 92, feeling very comfortable. The mother's temperature was 102° , pulse 100. Her bowels not having moved since she left Key West, she was given a dose of castor oil. Evening, 13th, father's temperature 101° , pulse 92. Mother's temperature 101.2° , pulse 100. 14th, A.M., father's temperature 100° , pulse 72. P.M., temperature 101° , pulse 80. During the day he has asked for a soft-boiled egg, and eaten it, which perhaps accounts for the slight rise in temperature and pulse. 14th, A.M., mother's temperature 101° , pulse 100. P.M., temperature 102° , pulse 104. The milk in the mother's breasts is giving some trouble, the baby being nine months old, it was kept away and weaned. 15th, A.M., Mr. Holcomb's temperature 98.2° , pulse 72. Mrs. Holcomb's breasts relieved, temperature 99.1° , pulse 92. Both convalescent, sitting up in bed, asking for food.

On the morning of the 14th, Nancy Holcomb, aged ten years, was reported sick. Her brother said she complained of being chilly in the night. She complained of headache, and had fever; temperature 102° , pulse 120. She was put in bed with her parents, and given a small injection of pilocarpine, not more than one-eighth of a grain, which had scarcely any effect. In the evening, her temperature was 104.4° , pulse 140. The injection of pilocarpine was repeated in about one-third larger dose. This quickly caused free emesis, and she soon after fell asleep, perspiring most profusely. The next morning her temperature was 99.2° ,

pulse 120, a fall of over five degrees, and she was convalescent from that hour, and left the hospital with her parents two days later.

What is to be thought of such a series of cases? They are all there were here. Did Wood and Frazer have yellow fever, and were the attacks aborted? It scarcely seems possible, yet they had been freely exposed, both in Key West and on the voyage here. As to the last three cases, there is not room for doubt; and Starke's case, where the usual treatment was employed, was as perfect a case of yellow fever as ever ran its course in man. The writer is not likely to have opportunity to pursue his investigations in this method of treatment for some time to come, he has therefore been in haste to let the results be known, that his *confrères*—in Cuba, Mexico, and Brazil, particularly—may prove its value, or otherwise. He is convinced that, to be of service, the pilocarpine should be used soon after the beginning of the attack, in doses large enough to produce a decided impression, either emesis or catharsis, preferably both; and if it acts in the hands of others as it has in his hands, yellow fever has become a very trifling matter indeed.

EGMONT KEY, QUARANTINE STATION, August 20, 1887.

A MISCARRIAGE.

BY J. E. FREE, M.D.,
HARRISBURG, PA.

ON January 10, 1886, a physician was called to see Mrs. H., a slender brunette, aged 29, pale, thin, and nervous. She had enjoyed good health for a number of years; had been married seven years, and had five children; never had a miscarriage, or any trouble during or after pregnancy. Two months previous, she began to feel languid, and suffered from pain in the back; had not menstruated since. She complained of uneasiness and fullness about the pelvis. Pregnancy was diagnosed. About one week from the date of the first visit, her physician was again summoned to relieve colicky pains in the stomach, which recurred at varying intervals for six weeks. By this time she was having spells of vomiting, tympanites, hot flashes, œdema of extremities, headache, backache, etc., until, finally, on April 1, 1886, she miscarried.

The abortion was apparently ended with the discharge of a foetus. But after the physician

had left, he was again called in haste. Mrs. H. was suffering violent pains, and very shortly gave birth to a second foetus, which it is said had no connection with its mate. Whether there were two placentas, two sacs, etc., I cannot say.

From April to December she was "feeling miserable." In January, 1887, she came under my care, and I found her pregnant. On April 17, 1887, she was delivered of a living male child. During the last two months of pregnancy, blood passed from the vagina, and she was examined with the idea of placenta prævia, but nothing abnormal was discovered. Half an hour after the birth of the child, the mother was bandaged, and expressed herself as feeling comfortable. The husband started off on a three-mile tramp, in the middle of the night, to find a favorite nurse. There was no one but myself with Mrs. H., who presently said she was bleeding, and by the time the bandage could be removed she had swooned. A hypodermic injection of Wyeth's Ergot (minims xxx) was given, and then pressure was begun upon the uterus, and kept up for two hours. When assistance finally came, a compress was bound tightly over the uterus, and ergot administered freely enough to control the hemorrhage by morning. One month from the confinement, we have again examined this woman's uterus, and find a hard, flat body in the right lateral aspect of the body of the uterus. It is about the size and shape of a small potato cut in half, lengthwise. It is presumably an intra-mural fibroid.

In looking at this case, which has no specially marked features, the thought strikes me that more attention might have been paid to the woman's statement of her condition. Pregnancy covers so much ground that it is allowed to exclude the idea of any other cause for disability.

She alleged that she never had any trouble during former pregnancies, and they were certainly numerous enough to give her some good reasons for having confidence in her feelings; but her physicians saw one thing so plainly that they disregarded anything else. The fact of her needing medical attention when she never did before, ought to have at least partially confirmed her words.

Five children in seven years is a severe drain upon the resources of a woman, and as is frequently the case symptoms of exhaustion

manifest themselves in this woman's nervous system. But there are other physical signs also. The activity of the generative organs is confined to a single channel, and their abuse is the cause of much distress. An ovary, kept in a state of chronic congestion, is likely to protest against such treatment, and to retaliate upon the system. Eventually, even, demanding a radical operation to rid its owner of a hopelessly deranged organ.

FRACTURE OF THE CRANIUM. FOLLOWED BY PROLONGED COMA; RECOVERY AND OPERA- TION.

BY J. B. KREIDER, M.D.
BUCYRUS, OHIO.

ON June 16, 1887, S. W., a lad of thirteen years, fell from a tree, a distance of twenty-seven feet. In his descent he is supposed to have struck his head on a limb, producing fracture of the cranium. The line of the fracture was an irregular triangle, extending from the supra-orbital region, upward and backward, tapering downward toward the ear, and involving the frontal, parietal and temporal bones of the right side. In company with another physician, I saw the case half an hour after the injury. The patient was still completely insensible, with pulse and respiration slow, body cool, and reflexes so entirely destroyed as to be only partially restored five hours after the first visit. The fracture extended immediately over the location of a branch of the middle artery of the dura mater. He continued in an unconscious and comatose condition until the fifth day, when he began to wipe his mouth with a handkerchief, but would neither speak nor open his eyes; vomiting then began and continued for about twenty-four hours. The matter ejected consisted of the normal contents of the stomach, intermixed with some grumous blood. There was merely the slightest apparent depression about the seat of fracture. The functions of the bowels and bladder were not interrupted or interfered with in any way. For one week the pulse ranged from 72 to 100 per minute, and the temperature did not exceed 101°. The eighth day after the accident the temperature began to rise, but varied from day to day. Sometimes the thermometer registered 104°. The pulse continued 72 to 86, respiration 20

to 24; the pupils dilated, and at times contracted slowly to the influence of light. Fifteen days after the fracture (July 1) he first became partially conscious, recognized his attendants, and nodded in answer to questions. His temperature was 100° in the morning, 99° in the evening, and he took food for the first time with avidity. All through his illness, previous to this time, he was principally sustained by enematas of milk and beef extract. During the period of high temperature he was exceedingly restless; while the fever lasted he was treated with aconite and veratum, also with occasional doses of hyd. chlor. mit. and iodide of potassium. In periods of prostration, which intervened, he was supported with quinia. There was complete amnesia as to time, place and cause of injury; for a few moments, at long intervals, of twelve or twenty-four hours, he would open his eyes, recognize members of the family, speak a few words, in response to questions, but would soon languish into sleep. The pulse at no time exceeded 110 per minute, and respiration was not over 24, except during the height of the fever, when it ranged from 30 to 35.

After the third week of his illness, the tongue became thickly coated, and he was suffering from nerve exhaustion. His body was covered with sudamina. Quinia and hydrochloric acid and nux vomica were given, with pepsin, either per *viam naturalem*, or with enematas which contained milk, beef extract, rice water, etc., in amounts of four ounces, at intervals of four hours. These were generally retained. The body was poorly nourished, however. His weight decreased from 75 to 40 pounds. The fever, which fluctuated between 102 to 103°, seemed to be due to the rapid disintegration of tissue. His hands and feet became cold, and he was frequently so exhausted that it seemed impossible to revive him. His body was sponged with whiskey every two hours, and we continued nux, with quinia. On July 15, the fever registered 102 to 103°. He looked brighter and more wide-awake, and he realized his surroundings.

July 16. Fever 102°, pulse 86; sensitive to noises; no relish for food.

July 19. Temperature normal. Took tincture of iron with lemonade. Talked more than usual.

July 20. Fever 99½ to 101° in the evening. Took very little food until August 3d. Nux

vomica and quinia continued, with milk and beef enematas.

August 4. Free of fever, from which time he became cheerful, and, with the exception of an attack of dysentery, continued to improve in general symptoms, and frequently called for food.

He is now (Sept. 29, 1887) on a journey to the West; his mental and physical condition apparently in "*status quo*." The case proved to be interesting, from the fact of the long-continued unconsciousness, and the bare justification of operative procedure to relieve the supposed extravasation of blood within the meninges, without the presence of other symptoms of compression, and the possibility that the mental condition then present might have been due to the irritation of the local centres in the medulla oblongata, induced by impulses received from the shock of the injured cortex.

FLOATING KIDNEYS.

BY DR. CHEVER BEVILL.

WINFIELD, ARKANSAS.

THIS condition of the kidneys, though seldom referred to in current medical literature, is the source of many obscure, abdominal troubles.

Coats, in his "Manual of Pathology," says that "The movable kidney is not very liable to secondary changes, although sometimes the abnormal position interferes with the ureter, and leads to hydro-nephrosis, or even inflammation of the pelvis. Of more importance is the fact that by dragging there may be serious nervous disturbances, in the form of excruciating cramps, often of very obscure origin during life."

I have but a limited experience with this troublesome condition of the kidney. I have recognized but three cases, during ten years country practice; however, I now think that some of the obscure troubles that I saw years ago were of similar origin. The three cases that I have seen were all in females, as follows:—

CASE I.—Mrs. H., æt. 32; strong and well developed; mother of two children (eight years apart); had cold "spells" (to use her words), with cramps; cold sweat, choking sensations, menstruated regularly; had no ovarian tenderness; no uterine disease; appetite good; kidneys secreting normally; bowels reg-

ular. I was consulted by her in regard to a tumor in her right side, that her family physician said was an ovarian cyst; I used all pains in trying to find out the trouble, and after some time diagnosed it "a floating kidney." It could be carried from the right to the left lumbar region, up under the ribs, and down in the pelvic cavity. A bandage was all that I recommended, and as my prescription was so simple, they did not seem to appreciate it much; however, the "belt," as they called it, was of some benefit; she has but little trouble at present with it.

CASE II.—Miss E. W., æt. 18, came to my office for treatment from an adjoining county; she was well developed, and seemed to get around all right, except stepping up or down stairs. She had been under three or four good practitioners for three years, taking medicine for all the symptoms of her disease; she would have such severe pains in her right side that she could neither lie, sit, or stand in any one position but a few minutes; large doses of morphia or opium, hot water, and such measures would give but little relief. She was brought to my house; the family very uneasy for fear of some internal growth. I used all diligence in my examination, in order to be sure of the trouble, and I at length concluded that it was the kidney dislocated. I used lumbo-abdominal faradism, which would give her great relief; sent for a London abdominal supporter, adjusted it properly; gave iron phosphorus, and arsenic; she got all right; could go to the wash-tub, or do anything she wished to, without any pain, and the last letter I had from her stated that she was well.

CASE III.—Wife of a physician, living in town; had all sorts of troubles, if possible, far worse than the last-named case; no telling how much medicine she had taken for her disease; had gone to watering-places, and all of no use. I was consulted in regard to her case by her husband, and as he was sure of something very bad, I assured him of the trouble; and, although my diagnosis was ridiculed by other doctors, her husband sent for a supporter, and from the hour she put it on she has been all right.

THE MEDICAL BULLETIN's advertising pages are always well filled with the manufactures and specialties of well known houses throughout the United States.

AN INTERESTING CASE OF CEPHALHEMATOMA.

BY ALBERT E. NORTON, M.D.

IN various works on surgical diseases of children, we are informed that cephalhematoma occurs as an effusion of blood, occurring in newly-born children, forming a tumor on the head, situated beneath the pericranium, upon the surface of the skull, and that the blood is found over the region of one of the parietal bones, most frequently the right, and very rarely is it found over more than one bone. Therefore, owing to the rarity of the case, I submit the following:—

On the morning of July 5th, I was called to see Miss Baby Bowers, æt. 11 months; health previously good, and weight normal; noticed a fluctuating and diffused tumor over the frontal prominences, the right parietal, and the right side of the occipital bone. On exploration, I discovered blood. Treatment: cold to the head, and bromide of potash, in order to produce rest.

July 6th.—Swelling increased; treatment continued, with calomel, in small doses, repeated every hour.

July 7th.—Still more enlargement; no symptoms of inflammatory process; no fever; no albuminuria; no oedema nor effusion in any part of the body. Treatment still continued, but calomel discontinued, and fluid extract of ergot administered, in doses of four drops every four hours.

July 8th.—Physiological effect of the ergot, but no marked diminution in size of swelling; cold applications and muriate of ammonia to the head still continued.

July 9th.—Swelling not perceptibly diminished; treatment continued until July 13th, when marked decrease began to be noticed, and so continued until entirely gone, July 16th. Relapse occurred on the 19th; but the effusion was again absorbed; there was no clot, and certainly no organization. During the course of the disease, the child underwent no loss in weight, and at present is in good health. The mother noticed the swelling three weeks prior to the time I was called in. As far as could be ascertained, there was no history of injury.

2400 COLUMBIA AVE., PHILA.

THE MEDICAL BULLETIN PRINTING-HOUSE has removed to its new building, 1231 Filbert Street.

BE SURE OF YOUR FACTS.

BY E. CHENERY, M.D.

BOSTON, MASS.

IN the Boston Medical and Surgical Journal, of May 12th, is an account of a morphine poisoning case in the practice of Dr. L. E. Lemen, of Denver, Col., in which it is alleged that the man took thirty-six grains of Powers & Weightman's sulphate of morphine, which was in his stomach five hours, and yet he was saved. I give his medical attendants great praise for their able and persistent efforts in combating the effects of the large dose. But did the man actually swallow thirty-six grains of the poison? The statement is that there was near him a new, unbroken bottle, holding one-eighth ounce of the drug, and that afterwards only twenty-four grains remained in the bottle. The assumption is that there were sixty grains in the bottle to start with, and twenty-four from sixty leaves thirty-six, which, remaining in the body five hours, gives the worst poison case of the kind on record, followed by recovery, that is, in a person not accustomed to taking it.

As to whether the bottle was a full one to start with, and whether the man actually swallowed all but the twenty-four grains, I make no question, as the doctors on the spot are the best judges. What I am in doubt about is the thirty-six grains inferred from the one-eighth ounce supposed to be in the bottle; I labor under the impression that such an inference is assuming too much, for what proof have we that there were sixty grains originally in the bottle? Certainly, if I wanted thirty-six grains, I should not depend upon them from subtracting twenty-four grains from a supposed sixty in the bottle. I have an idea that the quantity in these one-eighth ounce bottles varies, and rarely, if ever, weighs sixty grains, and may be as low as fifty, to say nothing of what an unscrupulous retail apothecary might further do in reducing the weight of the original package. My apothecary tells me that he cannot get much over fifty grains out of a bottle, so that I am in the habit of asking for sixty grains, rather than for a bottle, when I want sixty grains.

If we assume that the bottle may have been one of the short-weight ones, and contained only about fifty grains, then the amount supposed to have been swallowed by the patient

would stand at twenty-six grains—an enormous dose—and not shrinking the supposed amount as much as Aunt Patience shrunk the size of the leech, in her son's story. Aunt Patience was given to great yarns; but hearing her son telling some one that a leech would suck blood till it swelled up as long and big as your arm; she thought that was too extravagant, and broke out: "Pshaw, pshaw, Albert! you don't mean a man's arm; you mean a baby's arm."

Be the amount swallowed twenty-six or thirty-six grains, the result of the treatment confirms the old adage, "as long as there is life there is hope," and ought to encourage a never-failing effort for an opium-poison case till death has really come. It brings to my mind an unfortunate case, in which I was not as persevering.

THERAPEUTIC NOTES.

CHRONIC MALARIA.

R. Aloini gr. ij.
Pulv. capsici 3j.
Ext. nucis vomicæ gr. v.
Ferri sulphatis gr. xx.

M. Ft. pilulæ, No. xl.

Sig.—Two pills three times daily.

PURPURA.

R. Ol. terebinthinæ 3iss.
Mucil. acacia 3ss.
Syr. acacia 3iss.

M. Sig.—Teaspoonful every four hours.

WHOOPIING COUGH.

R. Tinct. belladonnæ 3ss.
Tinct. opii camph. 3ss.
Svr. scillæ 3j.
Syr. tolu 3iss.

M. Sig.—Half teaspoonful every two or three hours.

HEMORRHOIDS.

R. Ext. phytolacca 3j.
Ext. belladonnæ gr. x.
Adipis 3j.

M. Ft. ungt.

Sig.—Apply night and morning.

HÆMOPTYSIS.

R. Tinct. veratri viridi ℥xx.
Tinct. opii 3ss.
Ext. geranii f3iss.
Vini Portense 3iss.

M. Sig.—Two teaspoonfuls every hour.

LITHÆMIA.

- R. Tinct. hyoscyami 3j.
 Potassii bicarb. 3j.
 Aqua 3vj.

M. Sig.—Two teaspoonfuls one hour after meals.

INFANTILE COLIC.

- R. Spts. chloroformi 3ss.
 Elix. simp. 3ij.

M. Sig.—Half teaspoonful when necessary.

HEPATIC COLIC.

- R. Morphia sulph. gr. j.
 Tinct. belladonnæ 3j.
 Vini Portense 3iss.

M. Sig.—Teaspoonful every half hour until relieved.

MALARIAL NEURALGIA.

- R. Tinct. opii 3j.
 Quinia sulphatis 3j.
 Acidi sulphurici dilut. . . 3iss.
 Aqua 3iij.

M. Sig.—Dessertspoonful every three hours.

MEMBRANOUS DYSMENORRHEA.

- R. Tinct. aconiti rad. . . . mxx.
 Tinct. belladonnæ 3j.
 Ext. cimicifugæ f3ss.
 Syr. simp. 3iss.

M. Sig.—Teaspoonful every three hours.

INFANTILE BRONCHITIS.

- R. Vini ipecac 3iss.
 Syr. tolu 3j.
 Glycerini 3ss.
 Aqua 3iss.

M. Sig.—Teaspoonful every three hours.

WINTER COUGH.

- R. Tinct. opii deod. 3ss.
 Tinct. belladonnæ mxx.
 Syr. scillæ 3j.
 Syr. tolu 3ij.

M. Sig.—Teaspoonful every three or four hours.

RING WORM.

- R. Vini tobaci mxx.
 Spts. chloroformi 3ij.
 Spts. frumenti 3iv.

M. Sig.—Apply a small quantity to the affected area every second morning.

WHOOPIING COUGH.

- R. Potassii bromidi 3iss.
 Ext. belladonnæ fmxxvj.
 Syr. scillæ 3j.
 Syr. pruni virginianæ . . 3j.

M. Sig.—From ten drops to a teaspoonful every three hours, according to age.

RICKETS.

- R. Strychnia sulph. gr. ss.
 Syr. calcii lactophosphatis . 3iv.
 M. Sig.—Half teaspoonful four times daily.

FLATULENT DYSPEPSIA.

- R. Creasoti mxx.
 Tinct. capsici 3j.
 Spts. vini gallici 3iss.

M. Sig.—Half-teaspoonful after meals.

CHLOROSIS.

- R. Tinct. ignatiæ 3j.
 Ext. spigeliæ f3ss.
 Syr. simp. 3ij.

M. Sig.—Teaspoonful after meals.

DYSMENORRHEA.

- R. Tinct. opii deod. 3iss.
 Tinct. stramonii 3ss.
 Ext. cimicifugæ 3ss.
 Elix. simp. 3iss.

M. Sig.—Teaspoonful every two hours.

PNEUMONIA.

- R. Ext. aconiti f3ss.
 Ext. ipecac f3iss.
 Syr. limonis 3iij.

M. Sig.—Teaspoonful every two or three hours.

CROUP.

- R. Tinct. veratri viridi . . . mviij.
 Ext. pilocarpus f3j.
 Ext. eupatorii 3ss.
 Elix. simp. 3iss.

M. Sig.—Teaspoonful every hour.

SCARLET FEVER.

- R. Tinct. aconiti rad. mxx.
 Tinct. belladonnæ mxx.
 Liq. potassii citratis . . . 3iiss.

M. Sig.—Teaspoonful every three hours.

SENILE INSOMNIA.

- R. Sodii bromidi 3ij.
 Spts. myristicæ 3j.
 Spts. vini gallici 3vj.

M. Sig.—Teaspoonful at bedtime.

FUNCTIONAL IMPOTENCE.

- R. Tinct. capsici 3iss.
 Tinct. nucis vomicæ 3iss.
 Elix. gentianæ ferrat . . . 3ij.

M. Sig.—Teaspoonful after meals and at bedtime.

MIGRAINE.

- R. Tinct. belladonnæ 3j.
 Acidi hydrochlorici dilut. . 3ij.
 Aqua 3ij.

M. Sig.—Teaspoonful, well diluted, after meals.

DANDRUFF.

R. Lac sulphuris . . . 3iss.
Pulv. myristicæ . . . 3ss.
Adipis . . . 3ij.

M. Ft. ungt.

Sig.—Apply every second morning.

TYPHILITIS.

R. Tinct. opii . . . 3ij.
Vini ipecac . . . 3j.
Tinct. veratri viridi . . . 3ss.
Elix. simp. . . 3ij.

M. Sig.—Teaspoonful every four hours.

TYPHOID FEVER.

R. Ext. nucis vomicæ . . . f m x.
Tinct. capsici . . . 3ij.
Spts. vini gallici . . . 3ij.
Spts. myristicæ . . . 3j.

M. Sig.—Two teaspoonfuls every four hours.

RHEUMATISM.

R. Acidi salicylici . . . 3j.
Spts. ammonii aromat. . . 3j.
Elix. simp. . . 3j.
Liq. potassii citratis . . . 3iij.

M. Sig.—Dessertspoonful every three hours in water.

MALARIAL COLIC.

R. Quinia sulphatis . . . gr. xl.
Spts. myristicæ . . . 3j.
Syr. yerba santa . . . 3j.

M. Sig.—Teaspoonful every two hours.

WHOOPING-COUGH.

R. Tinct. sanguinaria . . . 3iss.
Tinct. opii camph. . . 3ss.
Syr. pruni Virginiana . . . 3iss.

M. Sig.—Teaspoonful every four hours.

WHOOPING-COUGH.

R. Morphia sulphatis . . . gr. j.
Tinct. lobelia . . . 3ij.
Syr. tolu . . . 3ij.
Syr. simp. . . 3ij.

M. Sig.—Teaspoonful every three or four hours.

CYSTITIS.

R. Tinct. aconiti rad. . . 3ss.
Morphia sulphatis . . . gr. iss.
Infus. triticum repens . . . 3viiij.

M. Sig. Tablespoonful every three hours.

TYPHOID PNEUMONIA.

R. Tinct. aconiti rad. . . 3ss.
Tinct. nucis vomicæ . . . 3ij.
Tinct. capsici . . . 3ss.
Elix. simp. . . 3iiss.

M. Sig.—Teaspoonful every four hours.

WORMS.

R. Aloini . . . gr. iij.
Ext. spigeliæ . . . 3j.
Elix. simp. . . 3ij.

M. Sig.—Half-teaspoonful every four hours.

PROSTATITIS.

R. Potassii bromidi . . . 3ss.
Tinct. veratri viridi . . . 3j.
Ext. pichi . . . 3ij.

M. Sig.—Teaspoonful four times a day.

INDIGESTION.

R. Strychnia sulphatis . . . gr. ss.
Pulv. ipecac . . . gr. xx.
Pulv. capsici . . . gr. xxx.
M. Ft. pilulæ, No xx.

Sig.—One pill after meals.

PROLAPSUS ANI.

R. Tinct. myrrhæ . . . 3ij.
Tinct. nucis vomicæ . . . 3ij.
Ext. geranii . . . 3iv.

M. Sig.—Add two tablespoonfuls to half pint of water, and use as an injection daily.

HEPATIC TORPOR.

R. Ext. nucis vomicæ . . . gr. j.
Resinæ podophylli . . . gr. iij.
Ext. colocynthi comp. . . gr. xij.

M. Ft. pilulæ, No. xii.

Sig.—One pill every night.

PURPURA.

R. Potassii chloratis . . . 3ij.
Strychnia sulphatis . . . gr. ½.
Aqua . . . 3iv.

M. Sig.—Two teaspoonfuls in water every four hours.

PALPITATION OF THE HEART.

R. Tinct. digitalis . . . 3ij.
Morphia sulph. . . gr. j.
Elix. simp. . . 3iij.

M. Sig.—Teaspoonful four times daily.

PARSON'S LOCAL ANÆSTHETIC.

R. Chloroform . . . 12 Parts.
Tinct. aconite . . . 12 "
Tinct. capsicum . . . 4 "
Tinct. pyrethrum . . . 2 "
Oil cloves . . . 2 "
Camphor . . . 2 "

Dissolve the camphor in the chloroform, then add oil of cloves, and then the tinctures.

The venerable Dr. Parsons, in sending this formula for publication, says: "I cannot expect to remain much longer in this world, and I want the profession to know the value of this local anæsthetic."—*The Southern Dental Journal*, July, 1887.

THE Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.

F. A. DAVIS, Att'y, Publisher.

A. L. HUMMEL, M.D., Business Manager.

Philadelphia, Nov. 1887.

BERNARD RUDOLPH CONRAD
LANGENBECK.

NO doubt our readers have already been apprised of the death of the great surgeon Langenbeck. A name as familiar in surgical annals as is that of Blackstone to the law. He came of a great family, the uncle, Conrad Langenbeck, being Professor of Anatomy and Surgery at the University of Göttingen from 1802 to 1851. Other members of the family have been identified with medicine and allied sciences, but none ever reached that eminence which he achieved who has but just departed.

Langenbeck was born in Horneburg, in the Duchy of Hanover, on the 9th of November, 1810. In 1835 he took his degree at the University of Göttingen, and in 1838 was appointed Adjunct Professor at the same school. In 1842 he was called to fill the Chair of Surgery at the University of Kiel. In the war of the provinces against Denmark, he was made Surgeon-General, and had charge of the medical service. After the death of Dieffenbach, in 1847, he was called to the Chair of Surgery, and made Director of the Surgical Clinic at the University of Berlin. During the campaign against Denmark, in 1864, he was again made Surgeon-General, and for services, with which the world has long been familiar, was knighted, during the same year, by the king. In all the subsequent campaigns of Germany, Langenbeck invariably acted as Surgeon-General, and received many honors and decorations for his valuable services. He was the projector of the "German Society of Surgery." He was the first president; and remained honorary president up to the time of his death, despite his having resigned his Chair in the University of Berlin in 1882. This resignation was forced, owing to advanced cataract and failing health.

He retired to his villa at Wiesbaden, was soon afterwards successfully operated upon, but never again actively engaged in the pursuit of his profession. Langenbeck died on the night of September 29, 1887.

In all probability, Langenbeck owes his greatest popularity to his researches in resections and in plastic operations. It is in connection with these subjects that he first became known to the world. He was a clear and forcible writer.

Langenbeck's work will forever mark an era in military surgery, and we cannot readily see how his name will ever be forgotten, so long as its literature and art lives. He was deeply loved by his students, and his amiable ways and endearing manners won him the esteem and deep regard of all whose happy lot it was to come in contact with him. Germany has seen fit to place his name in the list of heroes whose names decorate the "Sieger-saeule" of Berlin, yet it scarcely needed this tribute to keep ever fresh and green the memory of him who so faithfully strove to alleviate the sufferings of those who sought him, and, above all, to impart to others all he knew, that they might take him as precedent and do likewise.

THE members of the Sanitary Congress were all received at Court, a fitting honor for such a distinguished assemblage. The palace of the Hapsburgs was brilliantly illuminated, and a superb banquet was spread in their honor.

"MAN is the most precious capital of the State, and of society in general. Every individual represents a certain value. To preserve this as intact as possible is not only the command of humanity, but also the duty of every community in its own interest."—*Prince Rudolph, of Hapsburg, in his speech to the Hygienic Congress at Vienna.*

At the Sanitary Congress, the English and Germans combined against the French to oppose the detention of ships in the Suez Canal, on the ground that such a measure "would only engender a false security and retard those sanitary reforms which are acknowledged to be the most effective checks to the spread of cholera."

THE VOLUNTEER MEDICAL
CORPS OF PHILADELPHIA.

LONDON having taken the initiative in establishing a medical and surgical staff to serve in emergencies incidental to the Queen's Jubilee, Philadelphia has not been slow to follow and improve upon this excellent precedent. The London corps was not well enough organized to render the most efficient service, and Medical Director Cleborne, who had charge of the ambulance system inaugurated here during the late Constitutional Centennial in Philadelphia, did well to profit by the experience of the Londoners. It would be impossible to speak in excessive praise of Dr. Cleborne's wonderful executive feat in organizing and equipping his efficient volunteer medical corps in less than four days time. In this work, he was assisted by an advisory committee, composed of Drs. S. S. Stryker, Thomas H. Andrews, W. G. Porter, H. Y. Evans, Harrison Allen, I. Minis Hays, J. Howard Taylor, D. Hayes Agnew, R. E. Cleeman, J. William White, A. C. Gargas, U.S.N., John H. Packard, John Ashhurst, and J. L. Ludlow. A call from the committee, of which Dr. Cleborne was chairman, assembled one hundred surgeons, most of whom were men of hospital experience, and these were divided into detachments composed of six or eight men, each under a senior medical supervisor. Each squad was assigned a station, an ambulance and flag, and was supplied with drugs, chemicals, ice, spring water in appropriate bottles, chairs, blankets, fans, tourniquets, bandages, towels, tincups, and basins. The various hospital stations of the corps were scattered along the streets where the throng of sight-seers assembled and every member of the corps had a suitable badge by which he could be distinguished. The Western Union Telegraph Company, under the orders of Mr. William B. Gill, supplied each station with an instrument and operator; and, lastly, a central hospital was established in the City Hall at Broad and Market Streets, where Medical Director Cleborne, Dr. T. H. Andrews, Adjutant G. M. Bradfield, and a staff of twelve or fourteen medical men had their headquarters, and where there were beds and attendants awaiting any emergency.

One of the most satisfactory results of this excellent system was its preventive influence over possible casualties. The people, seeing what admirable aid was near at hand were perfectly at ease. Panics were averted, and, when accidents occurred, such prompt assistance was rendered that many injuries which might have proved serious, were rendered trifling and harmless. The report of casualties on September 15th, 16th, and 17th, the days when the Constitutional Centennial was in progress, were as follows:—

CASUALTIES ON	September, 1887.		
	15th	16th	17th
Chronic bronchitis.....	2	..	..
Contused wounds.....	18	15	3
Syncope.....	72	47	20
Hysteria.....	3	3	2
Heat exhaustion.....	37	51	10
Alcoholism.....	2	4	1
Epilepsy.....	4	2	3
Lacerated wounds.....	4	4	2
Abrasion.....	2	1	..
Shock.....	2	2	..
Punctured wounds.....	2	1	..
Nervous prostration.....	4	8	..
Epileptiform convulsions.....	2	..	..
Cardiac syncope.....	4	1	..
Vertigo.....	2	..	..
Fractures.....	2	4	..
Concussion of brain.....	1	2	..
Hemorrhage.....	1	1	..
Eclampsia.....	4	..	..
Colic.....	2	2	1
Dislocations.....	1	..	..
Incised wounds.....	5	1	..
Cerebral anæmia.....	2	1	1
Sprain.....	4	..	..
Contusions.....	5	..	1
Hemoptysis.....	1	1	..
Cholera morbus.....	2	..	..
Mania.....	..	1	..
Sunstroke.....	..	1	..
Premature labor.....	..	1	..
Diarrhœa.....	..	2	..
Chills-ague.....	2	2	..
Hernia.....	..	1	..
Dementia.....	..	..	1
Total.....	192	159	45
Grand total for three days, 396.			

The usefulness of the Volunteer Medical Corps having been so amply demonstrated, the body has effected a permanent organization, and adopted a constitution and by-laws. Mayor E. H. Fidler having given the organization proper sanction, it has become a municipal institution of which Philadelphia may justly be proud. On all future occasions, where a great concourse of people are assembled in our midst, the corps will be in active service, ready to meet all emergencies.

At the close of the Vienna Congress, the hygienists went to the ballet "Excelsior," to study dress reform, we presume.

THE HYGIENIC CONGRESS has delivered its ultimatum that good sanitation, and notably good drainage, is the best protection against cholera.

THIRTY nationalities, including such distant countries as Japan and Nicaragua, and numbering 2100 persons, were represented at the Sanitary Congress in Vienna.

M. EMILE TRELAT wants sanitary reform in window curtains. He suggests that decorators institute the custom of opening the curtain at the top and closing it at the bottom, so that we may have in the upper air a free circulation and light falling at the best angle for our eyes. Admirable idea! But in the application of feminine taste, will it serve?

PROFESSOR HUXLEY's essay, "The Factors of Organic Evolution," reprinted from the Nineteenth Century, where it appeared about a year and a half ago in the form of two papers, is a *résumé* of the great theory, and is designed to clear up the subject for mystified students. Professor Huxley contends for the unity of physical science, but he addresses his essay to the popular mind, which he thinks is prone to err through misconception of Mr. Darwin's meaning, and a paucity of material to satisfy investigators. He considers, moreover, that certain points in the theory have not been sufficiently elaborated. He dwells, for instance, on the doctrine of the survival of the fittest, which he considers to have been greatly misconstrued. The book contains nothing manifestly new in the history of science, but may be said to be an excellent key to previous works on evolution and tributary subjects.

MEDICAL NEWS AND MISCELLANY.

DR. ROLANDO KUEHN has removed from Lahina, Manitoba, to Shoshone, Idaho.

DR. VALENTINE H. TALIAFERRO, of Atlanta, Ga., died at Tate Springs, Tenn., on September 2d.

DR. W. X. SUDDUTH has removed to the N. E. cor. of Eighteenth and Vine Streets, Philadelphia.

DR. JAMES A. GRAY, editor of the Atlanta Medical and Surgical Journal, died at his residence, in Atlanta, on September 27th.

DRS. FRANK WOODBURY and William F. Waugh have purchased the Philadelphia Medical Times, from Messrs. J. B. Lippincott & Co., and will make that attractive journal indispensable to every practical physician.

OWING to a largely increased business, the publishing house of F. A. Davis, Att'y, will remove on December 1st, 1887, to their new and more convenient building, No. 1231 Filbert Street, where they will be pleased to see their many medical friends and patrons.

SUCCUS ALTERANS IN RHEUMATISM AND SYPHILIS.—We are reliably informed that the preparation Succus Alterans (McDade) is becoming a very popular remedy with the profession, and being very extensively prescribed in general practice as an alterative tonic, aside from its use in syphilitic diseases. The good results from its use in treatment of rheumatism, of chronic character especially, is worthy of consideration. The remedy is certainly growing in favor, and as no great claims have ever been made for it, but simply placed upon its own merit, we think it could possess no higher recommendation.—*Indiana Medical Journal*.

PROFESSOR LOISETTE'S MEMORY DISCOVERY.—Professor Loissette's new system of memory training, taught by correspondence at 237 Fifth Avenue, New York, seems to supply a general want. He has had two classes at Yale of two hundred each, two hundred and fifty at Meriden, three hundred at Norwich, one hundred Columbia law students, four hundred at Wellesley College, and four hundred at University of Pennsylvania, etc. Such patronage, and the endorsement of such men as Mark Twain, Dr. Buckley, Prof. Wm. R. Harper, of Yale, etc., place the claim of Professor Loissette upon the highest ground.

THE WESTERN PENNSYLVANIA MEDICAL COLLEGE, at Pittsburgh, began its Second Annual Regular Course, on Tuesday, September 27th, with a class of near one hundred.

The introductory address was delivered by the secretary of the Faculty, Prof. W. J. Asdale.

Dr. Asdale congratulated the class that they entered as students of medicine at an auspicious time; that the science of medicine was rapidly developing; that grand and great achievements were promised in the near future; that a new pathology was being created on an enduring basis, and a new therapeutics is to be formulated.

This college requires an entrance examination, and provides a three years' graded course. Its success has been unexampled.

DISSATISFACTION AMONG THE ALUMNI OF JEFFERSON MEDICAL COLLEGE. — It appears that dissatisfaction still exists against the present management of Jefferson Medical College. A few days ago a meeting of the Executive Committee of the Alumni was called and the following recommendations were made to the faculty:

WHEREAS, It having come to the knowledge of this Executive Committee of the Alumni Association that four students have gone to the University of Pennsylvania to pursue their medical education, at the recommendation of the Alumni of this College, on the ground that Jefferson Medical College did not provide a three years' graded course, and did not furnish clinics or instruction on the special branches of medicine and surgery;

Be it Resolved, That the Executive Committee, having the best interests of our *Alma Mater* at heart, respectfully announce these facts to the Faculty, that they may take such action as they deem best to overcome this apparent growing dissatisfaction in our Alumni.

It is to be hoped that the authorities of the College will no longer hesitate, after repeated calls for higher medical education from the Alumni, who have grown weary of their efforts, and have, according to the Executive Committee resolutions, been sending students to colleges requiring a three years' graded course.

ELEPHANTIASIS INDUCED BY POSTURE. — A lady, now aged eighty, has had, owing to rheumatic gout, her hips and knees so stiffened in the flexed position, that for the last seven years she has permanently kept the sitting posture. Lying on the back on a bed or on the side in a hammock became unendurable from the tenderness of the vertebral spines and shoulder prominences. The legs being thus constantly dependent, gradually developed every condition of elephantiasis. The left now measures twenty and a half inches, the right seventeen inches, just above the ankle fissure, which is the fittest standard point for measurement. They both show the raspberry surface of the enlarged papillæ, the soddened cuticle, especially between the toes, while in some spots a likeness to the epidermis in ichthyosis appears. A few ulcers keep open, and from them there frequently is lymphorrhœa, and occasionally a discharge of blackish matter. She is quite unable to lift either limb, owing to its weight and the weakness of the degenerated muscle. About thrice yearly, but without regular periodicity, shivering, extensive redness over the legs, and hard, tender streaks along the lymph vessels towards the saphenic opening have occurred, but there never has been any affection of the lymph glands. It may be noted that blockage of these paths in the ham and in the groin should respectively lead to swelling on the outer

and the inner sides of the leg—but this limitation has never been observed even temporarily in the course of the disease. She has always lived with good hygienic surroundings.

As factors in the production of the above case, I would rank: 1st, Posture—the lymph had to rise vertically, and the entirely inactive muscles did not compress the vessels which contained it. It therefore exuded and organized, hypertrophying every tissue. It is in like places, far removed from the central circulatory forces, dependent and without active muscles, we meet with other examples of elephantiasis—the scrotum, prepuce, labiæ, pendulous breasts, and ear-lobes. In these places the recurrent inflammations are not usually observed. 2d. Hyperfibrinosis in so rheumatic-gouty a person, would give material for the increase of all the tissues, the connective above all, whilst the lessening of red globules would slow their waste. Of parts whose increase may be readily judged, there are examples in which the femoral artery became enlarged thricefold, and in which the popliteal nerve was six times its usual size, the trophic fibres being presumably those most added to. Further, elephantiasis scroti must be looked on as the most astounding of all hypertrophies, for that part has come to overweigh the rest of the body.

A study of the conditions which lead to the disease in tropical countries seems to me to prove it due to blockage of those subcutaneous lymphatics which are mainly active while muscles are keeping up the erect posture, and that racial and climatic influences are not potent. Coast fishermen and laborers standing barefooted in water or mud are usual victims. Their posture, liability to skin inflammation from changes of temperature and checked secretions, and spanemic state from lowly nitrogenized food and malaria, afford all the conditions favorable to lymph production, stasis, and blockage. Elephantiasis is more frequent in Ireland than in England, and with us factors like those just named exist. The evidence seems complete that this hypertrophy of every tissue arises from over-supply of lymph, over-produced or staid in its flow. Pathological changes in some other lymph-abounding parts are somewhat analogous,—for example, recurrent tonsillitis leaving much enlargement and macroglossia. Phlegmasia dolens again presents some likeness, differing however in its acuteness, non-recurrency, and the entire resorption of the effused lymph.

If posture has, as contended, much to do with the production of elephantiasis, elevation, friction upwards, and compression with elastic bandages, should be hopeful measures during the stage of inflammatory œdema.

Since the above was written, Mr. Hutchinson's last fasciculus has been published. That profound

pathologist states: "As favoring the production of elephantoid conditions, it is almost essential that the part affected should be pendulous, or, as in the case of the lower extremity, at a hydrostatic disadvantage in reference to its circulation." E. D. MAPOTHER, M.D., *Brit. Medical Journal*.

THE TREATMENT OF RHEUMATISM.—When the late Dr. Robert Nelson, for many years the Mott of Canada, went to California, I succeeded him in his office in New York. During his absence constant inquiries were made of me for his remedy for rheumatism. On his return I asked him what this wonderful remedy was. He smiled, then simply answered, "colchicum." Seeing that I was incredulous, he then told me that he had once at the Hotel Dieu, in Montreal, experimented with colchicum, trying all the officinal preparations, sometimes with benefit, but in the main finding all unreliable and often totally worthless. He ultimately tried a strong alcoholic tincture prepared from fresh seed. He found that the shell of the seed contained a volatile oil, that when water was added to the tincture it became opalescent, like tincture of myrrh, and by its use he obtained extraordinary effects. He prepared it by adding to one ounce of the seed half a pint of highest proof alcohol. After standing a fortnight and shaking once or twice daily it was fit for use. Add five drachms of this tincture to half a pint of water, or, rather, enough to make a half pint, and of this the full dose is half an ounce. "Now," said he, "if you have a case of acute or subacute rheumatism, give this every four hours, night and day, avoiding acids and giving a light diet until the toxic effects of the colchicum are induced, viz., nausea, or even vomiting, with active purging, which occurs generally by the time the sixteen doses are taken, and the rheumatism will disappear like a flash. Up to this period there will be apparently no relief." He continued, if I would secure the beneficial effects, always to prepare it myself.

In cases of acute and subacute rheumatism I have never found its equal, also in rheumatic gout. In simple local or chronic rheumatism, I do not expect anything from it. When I was first appointed Physician to the Sisters of Charity at Mt. St. Vincent, on the Hudson, I was shortly afterward called upon to attend the chaplain, a Canadian, between fifty-five and sixty years of age. I found him in a high fever and racked with pain from head to foot. "Ah," he said, "my dear doctor, I am in for a long siege of it. I have had a similar attack of rheumatism once before, and did not leave my bed for three months." I told him I thought we could do better than that. In a few days he was entirely free from pain, and in a little over a week I found him strolling in the garden in a drizzle, without experiencing any ill effects.

Another case was that of the English foreman in a silk-dyeing establishment. This was built against a dam. Water poured from the wall, at the same time the atmosphere was so full of hot vapor from the vats that a person unaccustomed to it could scarcely see through it. It was a bad place for a rheumatic person. I found the man had rheumatic fever, as he called it, affecting every limb. He told me he once had a similar attack in England, and was laid up for six weeks, suffering horribly. He was at his work in less than a fortnight, and was never again, during the many years I stayed in Yonkers, attacked. I have mentioned this remedy to many, more recently to my friend, Dr. Gouley. He says he has found it most valuable, and that he will never be without it.

In the local and chronic cases it is less efficient. In these I have found the St. Catherine mineral water of very great value. A gentleman, about sixty, came to ask me about Sir Astley Cooper's remedy for rheumatism, which was iodide of potassium. I suggested a trial of the St. Catherine water first. He said that as winter approached he was so constantly troubled with rheumatism on exposure, that it confined him during the cold months entirely to the house. He commenced a course of the mineral water, with entire relief, and during the last fifteen years of his life went out in all seasons and in all weathers without ever suffering any inconvenience. He was never without the remedy in his house, and he told me subsequently that whenever he felt a little bilious he would take a teaspoonful (concentrated) half an hour before dinner. In half an hour after this meal he would have one or two good movements, and he felt perfectly well again. He very seldom had occasion to resort to it. Another case was that of a middle-aged French gentleman, who had been a great sportsman, often passing whole days in the marshes. He was ultimately attacked with a rheumatic neuralgia, which seemed to affect the tendo Achillis. He suffered at times for many days with it, keeping him from his business, and endured acute pain. It seemed determined to resist all remedies, both local and general, until I tried the mineral water. He found it horribly nasty, but experienced so much benefit from it that he persevered, and a cure was effected.—E. S. F. ARNOLD, M.D., *College and Clinical Record*.

THE NINTH INTERNATIONAL MEDICAL CONGRESS.—The *Lancet* says: "The success of the Ninth International Medical Congress is a matter for thankfulness. The interruption of the series of Congresses would have been little less than a calamity, and a disgrace for the profession in all nations. Any serious imperfection in the meeting, either as respects numbers or the character of the discussions, would have been but

little less unfortunate. But the Congress has been held under most honorable auspices; the famous hospitality of the United States has been fully realized; and those who went great distances to attend the Congress have been amply rewarded, and will return to their various countries and duties with higher impressions of their calling, and deeper convictions of its progress, both on its scientific and its medical side. We cannot but rejoice that our own country was well represented in many of the sections; the names of many well-known English physicians and surgeons will have been noticed in the reports which were received by cable from our special correspondents at Washington. We confess that we read the report of the concluding proceedings of the Congress with the most pleasurable emotions, and not the least the remarks of the English members. A break-down of the Congress in Washington would have been only a less acute pain to us than a break-down in London. And we accept the concluding speeches of our countrymen and of our *confrères* of Berlin and Paris, Dr. Martin and Dr. Landolt, and others, as proof that the Congress has been worthy of its predecessors; that it contained a larger gathering of foreign members than any of them, and that it is calculated to promote the advancement of our art. Those in the United States who have worked to this end, in spite of much discouragement, well deserve the gratitude which was accorded to them by formal resolution. We have purposely abstained, in our allusions to the Congress, from pointedly referring to the domestic differences among our brethren in the States, which threatened to seriously mar the success of the Congress, if not to prevent it altogether. Those who persevered in spite of all opposition, and who have carried through the Congress so successfully, may well be satisfied. They have done a great service to their country and to their profession in all countries. It is not necessary for us to say that they committed no faults and make no mistakes. Such praise is not for mortals in a world so full of 'spilt saltpetre' as ours. But they have carried through the Congress, and we thank them. There is yet one other service they can do: in any official action that now devolves upon them, to strive to obliterate the last relics of discord, and to hand on the light of truth and charity, undimmed and unqualified, to those in Berlin on whom will now rest the burden of responsibility for the next Congress. They can well afford to be magnanimous, and to help to make the representation of the States at Berlin so complete as to bear no traces of recent divisions.

"The scientific value of the addresses and papers read at the recent Congress cannot be estimated till we have seen them in full. On the whole, judging from abstracts of the papers and

discussions, we are inclined to say that they have been practical rather than theoretical, and have had reference to useful rather than transcendental aspects of medicine. Neither, so far, have we met with much indication of original matter in the papers. But this is no dispraise. It was meet that, in the most practical nation in the world, papers and discussions should take a practical turn, and deal with questions at their practical point. No branch of medicine can be said to have been neglected, from that which deals with the brain to that which deals with the risks of decayed teeth; including, by the way, several instructive cases of pyæmia. The statistics of vaccination were much advanced in a paper by Dr. Josef Körösi, Director of Communal Statistics of Buda-Pesth (to which we hope to make more special reference), and other questions of public medicine were made subjects of interesting discussion. Every branch of medicine was well represented—notably the ophthalmic, the gynecological, and the dermatological; so that we venture to forecast that the volumes of the Transaction Reports will have considerable practical importance.

"Notwithstanding that the City of Washington is, like most other cities, liable to suffer an annual desertion by the most influential part of its population during the early autumn, the ninth meeting of the International Medical Congress has been one of the most successful of its kind. We shall not err in saying that, as a social undertaking merely, without regard to its professional aspect, this trans-Atlantic gathering holds a place not second in importance to anything of a similar character that has happened, or is likely soon to happen, on this or that side of the dividing ocean. As an assemblage of medical practitioners and teachers, met together with a common purpose of comparing and correcting the results of observation and invention, of devising new plans for future investigation, and of applying new modes of treatment in the art of healing, its significance is equally remarkable. With the single exception of London, no European capital has attracted so many representatives of medicine and surgery since the international movement first originated. Successful in point of numbers, the conference has not been less successful in possessing, in more than one particular, a thoroughly representative quality. It has been, in the widest sense, international. Almost every civilized people, besides races which might by courtesy be included in the same category, have contributed towards its membership. The four continents have given of the skill which is available for the treatment of disease in their civil practice, the military and naval services have subscribed each its quota of men and of material for discussion. Again, as regards the subject-matter, it is almost superfluous to point

out the illustrative diversities of study by which the sun of medicine can be viewed, as through so many windows, and to state that each of these has received its full share of recognition in the working programme of the Congress. Last, but not least, the whole business and pleasure of this meeting have been administered with a cordial good fellowship, truly representative of that spirit of hospitality which happily characterizes the American people, and annually admits to the privileges of free citizenship strangers out of every country, without distinction. President Cleveland and his assistants in the work of government have been foremost in showing attention to the American practitioners and their guests. Not only have they taken an active part in the extra professional work of the Congress, but it is through their influence that government buildings have been, on several occasions, available for social gatherings of the members. We are happy to recall the fact that, in so doing, they have but revived the precedents afforded by the conduct of other States, but we appreciate no less on that account the warmth of their generous consideration. Nor must we forget to offer an equal tribute of esteem to the American medical press, and to those citizens of Washington who distinguished themselves by affording a similarly handsome hospitality."

HYGIENE AND MEDICINE AMONG THE ZULUS.*

—One of the peculiarities of the natives of South Africa is their aversion to the use of water for external purposes during dry weather, especially when they are in perspiration. They avoid bathing except during heavy rains, when they take advantage of the opportunity for purposes of bodily cleanliness. Their reasons for so doing are that frequent ablutions debilitate the system and render it incapable of withstanding the local climate, and that very frequently baths are followed by malarial fever or cutaneous eruptions over the joints. One can frequently observe the veracity of this assertion, especially as regards the cutaneous eruption, which generally appears in the popliteal space the very day a bath is taken, even during rainy weather. With strict parsimony in the use of water, the Zulus resist remarkably the dangers of the climate to which they are exposed, and my experience tends to prove that those whites who observe a dry regimen fare far better than those who continue to follow their home habits. I had obtained this information from Antoine d'Abbadie, of the Institute of France, and certainly found it applicable in South Africa. We both observed its teachings and lived, while all those among my companions who sought relief in the free use of water

in Africa, died. The three who had, like us, abstained from its use, since 1879, still live. Instead of opening the pores by means of baths, the natives endeavor to close them, on the contrary, by the application of fats over the entire body.

The Zulus lead a frugal life, their food being of the simplest kind. They use but little meat, which they invariably broil. They eat every part of the animal, including the bones, and sometimes even the hide. They make free use of the gall of the animals they eat, to render the meat tender and prevent indigestion, applying a few drops over the morsel they are about to consume. They sleep on mats, the head resting on blocks of wood, which hold it in equilibrium and keep it cool. They rarely suffer from headaches, neuralgia, etc., owing probably to this mode of taking rest, the head not being overheated, as it is among civilized people, by feather pillows.

The ease attending childbirth among them is truly surprising. During a stay of six years in a native village, containing at times as many as fifteen thousand inhabitants, I heard of but two tedious labors, neither of which was attended by loss of life. The procedure is of the simplest, the woman being merely seated on the ground and supported under the axillæ. As to any form of after-treatment, it is not even thought of, and the parturient returns to her household duties generally on the same day. Miscarriages are extremely rare. The word abortion does not exist in their language, while other criminal practices, sodomy, etc., are not known among tribes that have not come in contact with the whites or Arabs.

The regimen of the pregnant woman is of the plainest, and almost entirely vegetarian. The principal articles of food are Indian corn, millet seed, squash, and a sort of wild spinach. They avoid all fermented beverages, and spend the greater part of their time out of doors. The corset is not known to the native women. They wear a lumbar cord, which usually serves to support the legal vestment, but which, during gestation, can but serve to support the abdomen. It is probably due to this, and to the absence of the corset, that so few deformed children are brought into the world. The few who are so born are caused to disappear, triplets being treated likewise. In case of twins, one of the children is destroyed.

Nursing of the infant is continued eighteen months. Besides its natural food, it is given, after the age of two months, a sort of broiled wheat paste resembling pap.

Surgery is the branch of medical art that, among the Zulus, can be said to be the most advanced. Their treatment of wounds is especially remarkable, and in several complicated

* Written from notes kindly furnished by the Rev Father Charles Croonenberghs, S.J., of the Zambesi Mission, South Africa.

cases treated by myself, according to the usual methods, for two or three months without success, their native physicians brought about a cure in a comparatively short time. Their system is based principally upon the *earliest possible obturation of all wounds*. They first extract the foreign body, bullet, or spicule of bone that may be present, in the rudest possible manner, using their fingers or rough forceps. They then close the wound carefully and cover it with a thick paste composed of charcoal and mutton suet, taking care that no portion of the lacerated tissues remain exposed to the air. They treat fractures as we do, using pieces of bark, suitably cut, for splints. I have never seen traces of amputation among them. Swellings of all kinds, the early stages of abscess or anthrax, inflammatory rheumatism, etc., are treated by means of the bulbs of the genus *Allium*, onion, wild garlic, etc. The bulb, being steeped in water heated almost to the boiling point, is applied while still hot. This treatment is attended with marvelous results, large and very painful swellings disappearing completely in the course of a few hours. The secret of their physicians is the proper selection of the bulbs to be used in a given case. Another valuable remedy much employed by them in swellings and general cutaneous eruptions, elephantiasis, etc., is the wild castor bean, half the size of that employed by us. The Umzila Zulus collect it from the gizzards of birds in the half digested and fermented state in which it is found there. They fill a wide-mouthed jar with it, and allow the process of fermentation to continue by exposing it to the sun and air during a period of two months. They then crush the mass and mix it with water, stirring at the same time. The oil found floating upon the surface literally melts away the swelling of sprains, rheumatism, etc., so great is its beneficial power. It must not be forgotten, however, that other ingredients, unknown to me, may play an important part in the results obtained.

The Matabele Zulus do not seem to possess a remedy for syphilis, which has appeared to me, as well as to another missionary, to occur among some families in its hereditary form.

In the treatment of general diseases, they resort, with but little success, however, to the consumption of portions of organs corresponding with the organ diseased. If they suppose that the liver is the seat of trouble, they administer liver, etc. Gall is used by them in two or three drop doses in the treatment of dyspepsia. In fevers they use decoctions of bitter plants, which do not seem of much benefit. For *tænia solium* they use kousso and decoctions of squash seed.

On the whole it seems to me that the remedial measures resorted to by the Zulus are worthy of some investigation. I believe, however, that

missionaries alone would inspire sufficient confidence at this time to obtain from them an insight into their methods. It is a notable fact that those natives who are truly versed in the art of healing (those alluded to above being of a much lower order) are few and closely connected with the king. The results obtained by these men are frequently remarkable. A missionary well known to them, and accredited by some government, bearing at the same time some such present as a gun, a bale of cotton, etc., could obtain permission from the king to question his physicians, while an explorer, a merchant, etc., would most likely meet with a refusal.—*The Satellite of the Annual of the Universal Medical Sciences.*

ABSTRACT OF A PAPER ON ANTISEPTICS IN MEDICINE AND SURGERY.*—It is no longer an hypothesis, but a scientific fact, clearly and unequivocally established, that certain bacteria are necessary factors in the causation of certain diseases. One question remains only debatable: Which are and which are not germ diseases? It may be debated whether the bacteria and their spores, or their poisonous excreta, be the actual *materies morbi*; but this is a question of secondary importance. It is of the very utmost importance to the progress of scientific medicine and surgery that the entire life history of these low organisms should be fully known, to the end that the unscientific rubbish which obscures the subject may be brushed away, and the facts of essential importance brought within reach of the profession in a clear, compact and manageable form. The first essential fact in the natural history of the group is, that all these lowly forms belong to the lowest group of plants known to naturalists. Some of them cannot live in the presence of free oxygen; others need a limited supply of that gas. Organic matter, a limited supply of oxygen, water, and salts are the generally essential conditions for the reproduction, growth and development of disease-producing bacteria and micrococci. Hence, the dangerous character of damp, dark, and dirty places, and hence the inestimable value of scrupulous cleanness, effectual drainage, and free ventilation, with free and copious supplies of light for all places of abode, and above all for hospital wards and sick-rooms. These are nature's great antiseptics, more and greater than all bichlorides and carbolic sprays. It is among the tissues of the higher organisms that the optimum of the life conditions of bacteria would be found, except for the domination of physiological energies over the whole area of their environment. Before the organic matter of living tissue can furnish pabulum for bacteria, the tissue must first die, in whole or in part, and the power with which

* Read before the Medical Society of the District of Columbia, May 4, 1887, by M. G. Ellzey, M.D., Professor of Chemistry in the Medical Department of the University of Georgetown, D. C.

bacteria are endowed to surround themselves with *toxic excreta* brings them into formidable resemblance to beasts of prey, that kill first and then devour. We see, then, how everything which tends to weaken the physiological forces of the organism, to lower the general vitality, prepares the way for a fatal assault by swarming multitudes of pathogenic bacteria.

It is for the destruction of bacteria and their spores that we use antiseptics. So long as we are dealing with refuse materials and substances outside the living body, we may use disinfectants in any degree of concentration necessary to secure their efficiency; or, following the Mosaic decree, we may even burn such materials with fire. But within the living body we are met by the limitation of the power of the organism to withstand the action of efficient germicides. Man cannot withstand the toxic action of any known reliable germicide in germicidal strength. Germicidal medicine, therefore, is beyond the possibilities of the present. We cannot kill bacteria or micrococci, still less can we kill the spores, after they have gained access to the interior of the living body. Our therapeutic measures must have reference to the possibility of rendering the fluids and tissues more or less unfavorable media for the development and nutrition of pathogenic bacteria, and of strengthening and fortifying the vital resistance of the tissues. It is not possible to make of the fluids and tissues of a man's body a germicidal pickle, until after the man is dead, and from the way some dissecting rooms smell, one would think, not easily then.

It is much to be regretted that our knowledge of the limits of the germicidal powers of the best of the known germicides is far from being exact. The spores of these bacteria possess resisting powers against the action of the best germicides enormously greater than do the developed bacteria themselves. No two bacteria, and no two of the different spores possess the same resisting power against any particular germicide. The medium in which the bacteria may have been developed, and the medium in which they are brought in contact with the germicide, influence their resisting power to a very important but as yet undetermined extent. A particular medium may increase the resisting power of one and greatly diminish that of another of these bacteria. Blood serum, being an alkaline fluid, nearly destroys the germicidal powers of iodine by converting it into iodide; whereas, it tends rather to increase than to diminish those of mercuric chloride. Yet the germs themselves will be more vigorous and harder to destroy in the living body than in pure chemical solutions, in which an arrest of their nutrition may bring the germicidal powers of starvation to the aid of the drug. If, then, we have determined the degree

of concentration of the solution of mercuric chloride necessary to destroy anthrax germs in chemical solutions outside the body, we are not in a position to determine the necessary strength to destroy the germs and spores of disease germs of other species within the abdominal or utero-vaginal cavities, or in a superficial wound, or in any individual subject, seeing that we cannot calculate the factor of vital resistance. Temperature is a potent factor in the life conditions of these organisms, as Pasteur has beautifully shown. We do not know the optimum of temperature for septic germs. With regard to some of the most formidable disease germs Pasteur demonstrated the optimum of temperature to be 100° F., whereas 106° F. was fatal to their development within the fluids and tissues of living animals—facts which have some tendency to make us pause in our antipyretic enthusiasm.

It is frequently stated in the journals that mercuric chloride is fatal to germs and spores in strength of 1 to 20,000 or less, whereas it is safe as an antiseptic injection or irrigant in strength of 1 to 2000. Neither of these statements is correct. The best experimenters place the germicidal powers of mercuric chloride at from 1 to 5000 to 1 to 6000 for developed germs; 1 to 1000 for spores after direct continuous exposure to full strength from ten minutes to half an hour; de la Croix found germs still to develop in meat juice at a bichloride strength of 1 to 8000. Most of the results of this observer are confirmed by Koch. Brunton concludes that the only reliable germicide to destroy these organisms by merely brushing over the infected articles is bichloride of mercury; that is, to destroy both germs and spores, and that a bichloride solution even as weak as 1 to 1000 seems effectual after a few minutes' exposure. These statements contain the latest results of our latest observers, and the extravagant statements above alluded to cannot be derived from competent authority.

As to carbolic acid, its germicidal powers are surprisingly low. It is not reliably germicidal in media favorable to its action in less strength than 10 per cent. Carbolyzed oil, once so much used, is scarcely germicidal in strength of 50 per cent. Carbolyzed sprays are wholly worthless, and those merely scented solutions so much in vogue are equally useless. Such sprays and solutions may indeed, and often do, produce toxic effects upon operators and patients, but are innocuous to germs and spores. In view of known facts it ought to be clear to the humblest understanding that carbolic acid is useless as an antiseptic except in sufficient concentration to make it a deadly poison to man. The use of dilute solutions and sprays in surgical practice is not founded in any scientific justification. It cannot prove destructive to germs or spores, and is of no other possible or conceivable use. The use of carbolic acid should

be confined to the disinfection of instruments, and for this purpose its strength should be rather more than 1 to 10. The solutions of 1 to 40 in common use are entirely inefficient and worthless. The trifling quantities of carbolic acid added to all sorts of washes, ointments, and prescriptions for internal and external use, serve only to make the compounds disagreeable to use. Increasing the volume of such solutions to any extent does not render them germicidal, but may cause dangerous toxic effects from their indiscriminate use. No surgeon ought to suppose that he is rendering his instrument aseptic by dipping it momentarily in a 1 to 40 solution of carbolic acid. The solution, he should know if he does not, should be 1 to 10, and the exposure to its action in no case less than ten minutes. He must know that he cannot hope or expect to render an open abdominal cavity aseptic by the use of carbolic sprays or douching with faintly carbolized water, yet, if copiously applied, either the spray or solution may poison the patient fatally. Whatever criticisms apply to the use of weak and inefficient solutions of carbolic acid for antiseptic purposes, apply with equal force to the use of mercuric chloride or other antiseptics. If of less than germicidal strength there is no rational justification of their use; if of germicidal strength they are formidably dangerous. We read constantly of the use of corrosive sublimate in solution of the strength of 1 to 2000, or even 1 to 1000, for the irrigation of large surgical wounds, or, for example, of the utero-vaginal tract immediately after delivery. It is not denied that toxic symptoms, and death with toxic symptoms, have followed such practice in the hands of very eminent practitioners. Surely no eminence justifies a man in fatally poisoning his patients. To one dead or the surviving friends it is all one whether death came from the hands of eminence or obscurity. A solution of corrosive sublimate of the strength of gr. ss- $\frac{1}{4}$: f $\frac{3}{4}$ j cannot be safely employed to render aseptic any absorbing surface of considerable extent; a weaker solution, however copiously applied, while it may poison and kill the patient, cannot kill the spores nor prevent their development and reproduction as fast as the antiseptic is absorbed, flows away, or is diluted and washed off by the secretion natural to the part. Consider, also, the difficulty of applying a bichloride solution, for example, to every point in the entire utero-vaginal tract, plicated, creased, folded, and obstructed with clots and secretions, as is the case shortly after delivery. We could not be sure of reaching every point by injecting gallons of fluid. If I could maintain, in the face of all obstacles, a solution of 1 to 1000 mercuric chloride at the original strength in contact with every point of that vast mucous tract, I could render it certainly aseptic. But what of the

woman? Would she not be well-nigh certainly poisoned? and would not criminal responsibility attach to me? It is within my power to know that my person and my instruments are aseptic or to make them so. If I fail to do so, and my patient dies as the result of my carelessness or ignorance, it is my fault.

If I describe my own methods I shall be better understood. I direct my efforts with scrupulous care to the disinfection of my instruments and person. I boil my sponges in dilute muriatic acid, and keep them for some hours in a 12 to 15 per cent. solution of carbolic acid, from which, just before using, I transfer them to boiling water which has been boiled for at least a half an hour. My instruments lie covered, in a similar solution, for at least a half an hour, and at the moment of using them I transfer them to and pass them through boiling water. I cleanse my hands and arms with Castile soap and aseptic water, and finish by rinsing them in a bichloride solution of 1 to 1,000. I wash the external parts about the seat of operation perfectly clean, and finish the sponging with the 1 to 1,000 bichloride solution.

The operation done, I get the wound thoroughly clean with the aseptic sponges before closing it with aseptic sutures taken at the moment out of the carbolic solution and passed through the boiling water, again washing and cleansing the external parts perfectly, finishing by sponging with bichloride solution. Lastly, I apply a pad of absorbent cotton, covering the wound completely, and making a complete septic screen, which I secure in place, if small, by court-plaster, if large, by bandages in addition, as may seem necessary. I leave the primary dressing in place until I find some reason for removing it, often until the sutures are to be removed, and often then the cotton is scarcely soiled or stained, and the wound healed by first intention. If the carbolic and bichloride solutions are excepted, the remaining method is the same I used as a military surgeon during the latter two-thirds of the war, and ever since. I dressed all my wounds, surgical and others, with dry lint, removed as infrequently as possible, and with infinite advantage over the cold-water dressing then in vogue, and all greasy and unctuous applications frequently renewed. Now, I know that I was using a perfect aseptic screen, for scientists and investigators use the cotton plug to secure the contents of their flasks and tubes from the access of atmospheric germs. It prevents, absolutely, the access of germs to the aseptic preparations in the flasks and tubes, and it will and does keep them off the surface of wounds. It is plain, that every time an aseptic dressing is unnecessarily removed from an aseptic wound it is a useless exposure to the danger of septic infection and an unnecessary disturbance of nature's reparative work.

One thing more I deem of the utmost importance, in the aseptic precautions necessary in surgical and obstetrical practice, is to limit the number of persons present to those positively necessary to render assistance. No surgeon has a right to subject any person to operation in the presence of persons who may have come from questionable sanitary surroundings to the operating room, unless in cases of accident or emergency, when the surroundings are not within his control. As an *argumentum ad hominem*, I put it interrogatively, has any surgeon a right to wear, for merely ornamental purposes, profuse locks of comely hair, or an immense shaggy pendant beard? A man may, of course, carry this sort of precaution to whimsical and foolish extremes, but scarcely, if he is a man of sound scientific culture and natural good sense.

I am not willing to close this paper without distinctly reaffirming my dissent from the opinion of those who hold that we may safely irrigate large absorbing surfaces with bichloride solutions of the strength of 1 to 2,000, or one-fourth of a grain to the ounce. It is, in my opinion, speaking as an experienced toxicologist, extremely hazardous to attempt to render the utero-vaginal tract after delivery aseptic by the use of so formidable a solution. I have known deaths, after such washings-out, with ominous symptoms—deaths which, I firmly believe, to have been caused by those washings-out; and, further, I believe there were no valid indications demanding or justifying resort to those washings-out. Relying upon personal experience, I believe that such proceedings are neither necessary nor useful, if the lying-in has been conducted in the light of modern science. I have practiced medicine twenty-seven years, and during a large part of that time have been extensively engaged in obstetric practice. I have never washed-out, and intend never to wash-out the vagina of a recently delivered woman, except with warm water, for the removal of the débris of an embryotomy. I have never left a woman, from my first case to my last, inclusive, until every particle of soiled clothing was removed from the bed and person; the external genitals thoroughly cleansed, and a clean napkin properly applied, and in the fact that I have never yet seen a case of septicæmia in my own practice, I realize the justification of my practice.

The best Listerian lecture I ever heard was delivered by the late Professor Charles D. Meigs in 1859, when I was a student at the Jefferson Medical College. It was on the conduct of a labor. Preliminary to the lecture, the janitor brought in a conspicuous array of soap, water, and clean towels. Then followed the Professor, and he was received, as he always was, with hearty applause. First bowing, right and left, in acknowledgment, he pulled off his coat, re-

moved his cuffs, rolled his shirt-sleeves up, and soaping his hands and arms above the elbows, washed them, and then rinsed them in clean water, and finally dried them carefully, and taking a bottle of cologne, applied some of it freely to his hands. Then, turning to the class, he said slowly: "In the conduct of every labor, the first essential thing demanded alike by safety and decency is to wash your hands. Wash your hands first! Wash them clean! Wash them always; don't forget it. How are you to tell, how am I to know, that my servant, who handles the reins, hasn't got the gonorrhœa?" Many regarded all that as excessive mannerism and affectation. It was the very best kind of teaching. I have known and heard very many public teachers, some good, some bad, some indifferent, some very few great ones; the greatest of all was Professor Meigs. That typical hand-washing has been, throughout my professional life, a guiding star.—M. G. ELLZEY, M.D., *Four. Amer. Med. Association.*

BOOK REVIEWS.

Lessons in Practical Physics; Vol. II, Electricity and Magnetism. By BALFOUR STEWART and W. W. H. GEE. Sq. 8vo. pp. xx-497. London, 1887: McMillan & Co. For sale by J. B. Lippincott Co., Philadelphia. Price, \$2.25.

The student of electricity cannot do better than obtain this book. It gives concisely and clearly the working out of the laws governing the phenomena of electrical and magnetic force, and this in a pleasing style. The illustrations are good, and the experiments detailed readily performed.

Pocket Medical Formulary, Arranged Therapeutically. By ALEXANDER HAZARD, M.D., and BERNARD M. GOLDBERG, M.D. Revised and enlarged by ABRAHAM S. GERHARD, A.M., M.D., Professor of General Pathology, Medical Jurisprudence, and Clinical Medicine, at the Medico-Chirurgical College, Philadelphia, Pa., with an Appendix containing Formulas and Doses of Hypodermic Medication, a Table of Eruptive Fevers; and Poisons, their Symptoms, Antidotes, and Treatment. Sexto, pp. 333. Philadelphia, Pa., 1886.

This little volume is an excellent one of its class, and without doubt is, and will be, continued to be used by a large number of practitioners. We object to this class of literature on general principles. It is only too apt to engender or rather foster the objectionable practice of routine treatment. A doctor should be familiar with his *Materia Medica* and *Therapeutics*,—likewise should he be a diagnostician. Hence, being the latter, and having a fair knowledge of the former, we need no tabulated mode of treatment. All the books of this class presume the

owner a ready diagnostician, then, too, why not pay him the compliment of supposing he have enough wit to intelligently prescribe. To our minds it would be far more practicable to publish such a volume of symptomatological reference, aiming at accuracy of diagnosis. This established, the treatment would surely never present any very grave difficulty, unless, indeed, reference books should enhance greatly in value.

A Hand-Book of General and Operative Gynecology. By DR. A. HEGAR, of the University of Freiburg, and DR. R. KALTENBACH, of the University of Giessen. Edited by EGBERT H. GRANDIN, M.D., of New York. These treatises constitute volumes vi. and vii. of "Cyclopædia of Obstetrics and Gynecology," issued monthly during 1887. New York: William Wood & Co.

These volumes are devoted to a consideration of (1st) gynecological examinations in general, examinations without instruments, instrumental exploration, minor gynecological operations, operations on the ovaries, and castration; (2d) operations on the tubes, on the uterus, on the broad ligaments, or the round ligaments, and on the vagina, operation in urinary fistula, operations for the cure of prolapse of the vagina and uterus, and for the restoration of the vaginal spinator apparatus, and operations on the vulva and perineum. Hegar and Kaltenbach are so well known to the American profession that their names alone would carry great weight with any production they choose to bring forth. The present volumes can, in this respect, but add greater lustre to the reputation of these already brilliant names. The books are fitting companions to the volumes that have preceded them in the present series, and go far toward making it, what we already foreshadowed it would be, the greatest, grandest, and most comprehensive work of its kind ever published. Unfortunately, in the two books before us, we notice the same characteristics that detracted from the French predecessors; these translations are awkward, and we do not find that clear, clean, easy reading matter we look for in books of such an exceptionally high order as these are. The illustrations, we are glad to note, without having any great merit, are still sufficiently good to give a fair illustration of the text which they embellish. This is a distinct advance over the preceding volumes. It is rarely that one feels tempted to urge another to buy a book, owing to diversity of tastes, and whatnot, but we feel sure, even with the text in its present condition, none would ever regret the expenditure. The pages do not represent so many words, but are brimming with meat and matter. It would, indeed, be a fastidious mortal who would not be satisfied. For here we can truly say, "He who seeks shall find."

The Physician's Visiting List (Lindsay & Blakiston's for 1888). Philadelphia: P. Blakiston, Son & Co.

This popular visiting list, which is now in the thirty-seventh year of its publication, contains Marshall Hall's ready method in asphyxia, poisons, and antidotes. The metric system, dose-table, list of new remedies, posological table, examination of urine, etc., and a well-arranged visiting and obstetric record.

The Curability of Insanity, and the Individualized Treatment of the Insane. By JOHN S. BUTLER, M.D., Hartford, Conn., late Physician and Superintendent of the Connecticut Retreat for the Insane; Member of the Connecticut State Board of Health; Honorary Member of the Medico-Psychological Association of Great Britain. 8vo. pp. 59. New York and London: G. P. Putnam's Sons, 1887.

Throughout, the book breathes that quiet, masterful manner of which the author must be in possession to have become the great man he has in his own particular province. It is an essay that is full, not only of facts with which it deals, but is written in a manner to indicate the author being an accomplished scholar. Although small, it is a volume of inestimable value to the student interested in insanity. The quotations throughout are liberal, cases are supplied illustrative of the text, and the book is one of the most satisfactory of its kind.

A Concise Description of the Sympathetic Nerve, Accompanying the Plate of that Nerve. Prepared by LUDOVIC HIRSCHFELD, Senior Professor of Anatomy and Surgery to the Medical Faculty, Paris, etc. Drawn and colored from nature by J. B. LEVEILLE, of Paris. Pamphlet, 8vo. 12 pp. Fowler & Wells Co., New York.

A handsomely colored plate, nearly life size, accompanies the *brochure*, and forms an acceptable complement to the careful researches of Professor Hirschfeld. As a work of art it is an exceeding creditable production, but as a working chart for study it will open up to every student a new field of investigation. Here we have exhibited at a glance the various nervous plexuses, *primary* and *secondary*, showing the connection and relation of the ganglionic centres with the central and peripheral termini of the vertebro-cranial nerves, and taken together with the text we are better prepared to understand the uses and influence of ganglionic nerve centres. The illustration of the accessory parts and vascular system is unusually realistic, and the different ganglia, with their anastomosing, ascending and descending, external and internal branches, are commendable for faithfulness in detail and distinctness in outline.

COMMERCIAL NEWS.

COLDEN'S LIQUID BEEF TONIC.

This excellent preparation has become deservedly popular with the medical profession in the treatment of diseases where an agreeable article of diet and tonics are required. It is recommended in typhoid and malarial fevers, consumption, loss of appetite, and debility, induced by any cause, and it is tolerated when other forms of animal food are rejected. We invite those who have not used it to try it.—From Drs. MANNING AND ASHBY, Editors *Maryland Medical Journal*, Baltimore, Md.

AN IMPORTANT ADDITION.

"What should accompany old age?" asks a contemporary, who answers, "honor, love, obedience, and troops of friends." These are certainly desirable, but what are they all to the old man who has an enlarged prostate. In too many instances a catheter should accompany old age.

A GREAT COMPLIMENT.

CABLEGRAM, LONDON, Oct. 25, 1887.

W. R. Warner & Co., Philadelphia, received highest award from American Exhibition, in London, for superiority of their Sugar-coated Pills, and Effervescing Salts.

A LEADING JOURNAL.

The Medical Student says: "Insane asylum abuses are being discussed by a majority of medical journals from the New York Medical Record to Daniel's Texas Medical Journal." We wonder if Daniel's appreciates the tail-end position.—*St. Louis Weekly Review*.

It is very evident that "Medical Student" meant that the subject was being discussed by leading medical journals from New York to Texas, those States representing the extremes of the country, and being represented by the Record and Daniel's Texas Medical Journal, though his idea was awkwardly expressed. As we are in blissful ignorance of who or what "Medical Student" is, whether a publication by that name, or a contributor under that *non de plume*, did we believe he, she, or it could be so stupid as to assign a "tail-end" position to a *leading* medical journal, we would pity him, her, or it; or, if it were intended as a slur, we would reply to the above query in the language of the gentleman who was *kicked at* by a jassack,—“consider the source.” Next.—*Daniel's Texas Med. Journ.*

A PRIZE ESSAY.

The Pharmaceutical Era, published at Detroit, Mich., offers a prize of \$50, in gold, for the best essay on the subject of "The Mutual Relations of Physician and Pharmacist." The essay should endeavor to show how the ideal harmonious relations between physicians and pharmacists, both

as individuals and as represented in their respective organizations, may be best realized, and all competitors must be governed by the following conditions:—

1. Any one interested in the subject may compete.
2. The essay must not exceed 2000 words in length, and must reach us previous to Jan. 1, 1888.
3. The MSS. must be free from the author's name, address, or other marks of identification, and we recommend typewriter copy wherever practicable.
4. The author's name and address must be enclosed with the manuscript on separate paper.
5. All the essays submitted in competition for the prize are to be the property of the Pharmaceutical Era, and to be published or not at the discretion of the editor, but names of authors will be suppressed if requested.
6. A committee consisting of five representative men chosen from the medical and pharmaceutical professions to whom the essay shall be submitted anonymously, shall award the prize, and the names of the committee will be announced with their decision.

We make this announcement that our readers may compete for the prize if they so desire.

NOVEL INSTRUMENTS, SUPPORTERS, ETC.

Our readers will do well to examine carefully the advertisement of G. W. Lutz & Co., of Indianapolis, Ind. Their new *Hypodermic Syringe* is certainly practical and complete. The *Uterine and Abdominal Supporters* need not be removed during menstruation,—certainly a great advantage. The *Uterine Irrigator* is a novel and useful instrument in the treatment of all forms of inflammation. Dr. A. W. Turner, of Boston, Mass., says of the *Bulb Nozzle Syringe*: "I do cheerfully recommend it in all cases where a thorough medication or cleaning of the vagina is required." (See advertising page 24.)

A FAMILY AFFAIR.

A contemporary speaks of micro-orgasms. They must be very unpleasant things to have in a family. Micro-organisms are sometimes quite bad, although bearable, but heaven forefend us from micro-orgasms.—*Medical Age*.

BROMO SODA.

On a recent trip to Europe, on both the outward and homeward passages, I used Warner & Co's. "Effervescing Bromo Soda," with great success in preventing and relieving sea-sickness. The quantity given was a heaping dessertspoonful, repeated hourly when necessary.

I believe "Bromo Soda" to be a very valuable preventive and remedy for sea-sickness. It certainly was unfailing in my hands.

WM. H. KEIM, M.D.

2015 Ridge Avenue, Phila., Sept. 26, 1887.